**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](mailto: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.

**Somalia disaster mangemnt agency is in place that have the mandate to manage any crisis in somali ,there are somali disaster management framework in place and the disaster management plan is included in the 5 year development plan,although that there is a lot of challenge facing the implementation of the polices . And The Puntland authorities established HADMA (Humanitarian Affairs and Disaster Management Agency) in 2005 to lead the coordination of humanitarian interventions in Puntland. HADMA with the support of OCHA currently coordinate and organize on a monthly basis sectoral meetings on : Health, Education, Water and Sanitation, Environment, Infrastructure and Shelter, Food Security and Fisheries. HADMA with the support of Diakonia Sweden has developed the Puntland disaster mangment framework ,this framework is focusing in manay aspects of disaster management but it seems that there is some challenges in vulnerability mapping which is a direct challenge to SRHR sector ,if there is no vulnerability mapping women and girls crisis are going to be abonded, MOH have different RH polices and faremworks in place but still they are vertical programms with the other health services and polices are in place but are weekly implemented. Somalia has laws prohibiting rape; however, they are very rarely enforced. There are no laws prohibiting domestic violence, spousal rape or sexual harassment. Most incidents of violence against women go unreported; there is a culture of impunity surrounding sexual and domestic violence.**

1. Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.

**The type of crisis in my state Somalia include natural crisis e.g famine,floods, drought,poor health and communicable disease and man made crisis e.g mass migration, boombing, humantiraian crisis, civil war, displacement,violence whicich include gender based violence,suicide attackes, armed assults,kidnapps,**

**Thesea are the situations that are known as crisi in our region.**

1. What institutional mechanisms are in place for managing a crisis and how are priorities determined?

**Since Somalia is a fragile region ,we have governmental instution with limited resource that are supported by UN agencies and other international agencies and the civil society, and these goverments manage the crisis with the support of the other agencies and its the type of crisis that determine the lining minister that will manage the crisis ,the priorty is always given to the life threthening situations like drought,famine,floods.**

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**; challenge**
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; **Good practice**
4. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services**; Good practice**
5. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections; **challenges**
6. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care; Good practice
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; **challaenge**
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; **challenge**
9. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others; **Challenge**
10. Screenings and treatment for reproductive cancers; **challenge**
11. Menstrual hygiene products, menstrual pain management and menstrual regulation; **Challenges**
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**
13. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage**; Challenges**
14. 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; **Challenges**
15. The affordability of SRH services especially for those in situations of vulnerability; and **Challenges**
16. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information. **Challenges**

Experiences of crisis

1. Please list the situations of crisis experienced by your State in the last five years.

The situation of crisi experienced in my state include

1.**natural disaster e.g droughts,floods,famine.**

**2. Man made e.g violence, civil war,GBV,armed assult, bombing ,sucide attacks.**

1. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
2. 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?

**According to UNOCHA humanitarian report 2018 the total population of Somalia is 12.8M and on third of the population or or 4.2 million people, require humanitarian assistance and protection. Along with humanitarian action, substantial investment in resilience-building and development solutions will be critical to ultimately reduce humanitarian needs in Somalia, Vulnerable groups, such as women, children, people with disabilities and members of marginalized communities are especially at risk of violence, exploitation, exclusion and discrimination. 2.1M of the 4.2M are women and girls of variouse age that face a lot of risk on a daily basis.**

1. 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.

**Date that was published in March 2017 by UNOCHA showed that the Data analyzed from various partner reports show that drought and conflict in the region has had a negative impact on families, with women and girls bearing a heavier brunt because of prevailing gender roles and practices.  Women in parts of horn of Africa (Somalia, Ethiopia and Kenya) are struggling to keep their families alive amidst devastating drought caused by cyclical below-average rains. Conflict and displacement in the region has led to an increase of gender-based violence, especially among women and girls. Travelling long distances to fetch water creates protection concerns for women and girls as they travel at night and early mornings to water points leaving them exposed to gender-based violence along the route, Women and girls are more likely to be displaced and face protection risks, In Somalia 61% of households who exited the Country in last quarter of 2016 in search of food were women, 1 out of 18 women die during pregnancy in Somalia. Women and girls must travel long distances to water points in drought affected areas. Women walk 10 - 20 kms per day in Northwestern Kenya and in Sanaag region of Somalia, water points are reported to be up to 125km roundtrip.**

1. 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?

**There are a lot of obstacles faced by the state in addressing the impact of crisr regarding reproductive health the main obstacles include regarding our expirence**

* **Lack of knowledge**
* **Lack of SRHR services ,we have some but they are limited in hard to reach areas**
* **In the period of the crisis the attention shifts to managing the crisi, which cause the vulnerable women and girls to be neglected**
* **There are cultural barriers in some services that make them hard to deliver**

1. 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?

**Emergency services are provided during and after the crisis. The essential SRHR service in Somalia are ANC,PNC,childbirth service,treatment and prevention of FTI,counselling and service for contraception, pcychological first aid in rare occasions. Continouse supervison and monitoring of the service is done after the crisis.**

1. 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?

**The are polices in place but law inforcement is very poor due to lack of strong government ,but there are GBV response services provided by the lining ministers and their patners which include Psycological first aid and safe houses ,and legal advice, and comprehensive CMR in big cities but it’s a bit challenging in hard to reach areas .**

1. Were women’s rights organizations[[2]](#footnote-2) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

**Yes they are involved and they are the leading agencies in the process of developing the polices because they advocate and take their part in developing the polices befor its passed tio the parlament for approval**.

1. 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.

**The government paly the essential role in the leadership and managing the response but they have an implementing partners there is no specific agency that I would mention but the role they take in SRHR is providing the service for the wpmen and girls which include the health service like drugs and procedures , psychosocial support and econimicall support which include income generation ,supporting the women that faced GBV by supporting their small business ,etc.**

1. 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.

**The emergency response is funded mainly 100% by international donors /foreign aid. There is no any budget from the government allocated for SRHR , the government only income in service providing is from foreign aid.**

**Sexual and reproductive health services are part of the essential health service package provided in my state, there are small number og projects that are independednt from the health service like FP/PAC program but its implemented in very limited regions.**

1. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

**We face a lot of obstacles ,obastacles include the myth and misconception espically when it comes to SRHR the community believe thet the civil society organization are paid to exagreate the situation and that they are paid to limt the the african population growth , and that they are working in organ taraficing, and also the concept of the use of family planning some believe that it causes cancer and sever life therthening situations, shortage of funding is one of the main problems that they face, lack of the male support of evey kind in delivering the SRHR is also a huge obstacle that we cant deny.**

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.

**Yes they are covered in humanitarian programs and priority is given to health services,the sexual rights are not among the priorities,rather we are struggling with delivering the basic reproductive health services like ANC,PNC,delivering by proffessinal birth attendant,nad managinging complicated pregnancy,etc.**

1. 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.

**The main challengens encountered by women and girls**

* **They don’t have right to take descions of her own body( right of autonomy)**
* **They don’t have the knowledge how the legal system work nor they get the support of their families.**
* **We live in a male dominant environment were the girl doseny have any value in the community or not as the same value of the male counterpart.**

**They type of assisitant available include the legal service, the justice system is in place,the police forces ,the court but their judgement are not relaiable as they are highly coroupted and in most of the hard to reach area there is no police or any form of forces to bring justice at all. The most women and girls affected are those living in the IDP camps and the poor and the once living in the rural areas The national truth and reconciliation commission dosent have a clear vision to the women’s and girls SRHR,its still new.**

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?

**In Puntland state of Somalia Puntland disaster management framework and polices that are developed by HADMA are in place and they apply to natural disaster and some of man made disaster**.

1. Does it contain a definition of crisis? If so, please indicate the definition used.

**“A disaster is a natural or man-made event that negatively affects life, property, livelihood or industry often resulting in permanent changes to human societies, ecosystems and environment. In the international context, disasters mean a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources” this is the definition in the framework.**

1. 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.

**No,**

1. How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?

**The risks from the rural and the urban are identified by assessment and when delivering the service**

1. 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.
2. 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? **We don’t have accurate information.**
3. 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.

**It have a plan by the Somali disaster management agency which is ready to be implemented in the time of crisis although that there are a lot of challenges when implementation is needed**

1. Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?

**Yes , the human right watch needs to monitor the situation closely in the time of crisis.**

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)