

## ***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<sup>1</sup> (SRHR) in situations of crisis to the 47<sup>th</sup> 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.

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<sup>1</sup> 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.

### **German contribution:**

Germany acknowledges the efforts of the Working Group on discrimination against women and girls to 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.

Germany addresses sexual and reproductive health concerns by women and girls in crisis situations as part of its humanitarian assistance. Additionally, Germany is committed to further strengthen gender mainstreaming in its humanitarian programs.

### **General approach**

Germany supports bi- and multilateral efforts that address mitigation of negative reproductive health outcomes for women and girls in situations of crisis and restrictions. The long-term goal of technical support in the health sector is to establish resilient health systems that are optimally prepared for health and other crises, remain capable of action and thereby provide universal health coverage for everyone. Therefore, health system strengthening is and remains at the core of our work.

Multilaterally, Germany's support to UNFPA is the most important pillar to support SRHR in humanitarian contexts. UNFPA's humanitarian branch and the respective country offices, provide support in humanitarian crisis in several countries such as Yemen, Syria, Turkey, Nigeria, DRC, Ethiopia, Bangladesh, Sudan, Iraq and South Sudan (starting from the biggest volume of financial support in 2019). The focus of their support is the distribution of "dignity kits" that include products for menstrual hygiene; continued SRHR services such as antenatal, intrapartum and postpartum care; adolescent SRHR services and supplies; safe spaces for women and girls who experience gender-based violence; emergency obstetric and newborn care; and training of health care providers in the "Minimum Initial Service Package", a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis.

Through its support of the Global Financing Facility (GFF) with 50 Million Euros for the years 2020 and 2021, additional support is rendered to 11 fragile/conflict countries to strengthen reproductive, child and maternal health services.

Most recently, as a reaction to the global COVID-19 pandemic, efforts to sustain SRHR have been expanded by the German government. This included an increase of UNFPA's core funding by 30 Million Euro (to a total of 70 Million Euro) in 2021. Germany appreciates and fully supports all efforts by partners such as WHO, UNFPA, the GFF, PMNCH and IPPF to respond to current and past crisis by adapting their programs to meet the needs of the most vulnerable populations.

In its development cooperation, Germany focuses its support to SRHR through its "Initiative for rights-based Family Planning and Maternal Health". Through this initiative, more than 980 Mio. Euro have been committed to bilateral cooperation projects in partner countries (2011-2019). The initiative also supports projects in fragile and chronically fragile states (as per OECD definition), including those with ongoing armed conflict such as Cameroon, Somalia and Yemen. Programs supported by the German development cooperation that provide more general support to fragile and conflict states (including during transition periods) frequently include measures to secure basic health care provision, WASH and food security. These tend to benefit women and children disproportionately and may include SRHR services more or less explicitly.

## Good practices...

### **...in Germany:**

Health education and health promotion are important components of the health system in Germany. The Federal Centre for Health Education performs this task at federal level as a specialist authority within the remit of the Federal Ministry of Health (BMG). Since its foundation in 1967, the **Federal Centre for Health Education (BZgA)** has pursued the goal of preventing health risks and supporting health-promoting lifestyles. Since 1992, following the adoption of the Pregnancy Conflict Act, the BZgA has been entrusted with the thematic focus of sexuality education and family planning. Together with the supreme state authorities and family counselling centres, concepts are developed and nationwide measures for sexuality education and family planning are developed and disseminated. Services include:

- Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
- Pregnancy (conflict) counselling centres that are run by denominational and non-denominational charities and other independent organisations. The website of the Federal Centre for Health Education ([www.familienplanung.de](http://www.familienplanung.de)) contains a search engine that displays the pregnancy and pregnancy conflict counselling centres near the place of residence entered.
- 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;
- Every woman and every man can - on request- obtain anonymous information and advice on questions of sexuality education, contraception and family planning, as well as on all questions directly or indirectly affecting pregnancy, at a designated counselling centre (§ 2 paragraph 1 SchKG). Usually the counselling is free of charge.

Germany furthermore initiated the model project "**biko - Counselling, Information, Cost Reimbursement for Contraception**", which allows the reimbursement of prescription contraceptives for women entitled to social benefits.

### **...as part of the German development cooperation:**

Good practice examples from the German development cooperation are to establish durable and long-term relationships with a variety of actors and service providers in fragile states, even before emergency situations arise. NGO and other non-state actors have proven essential in sustaining SRH services when government structures collapse.

In some of the countries that are part of the "Initiative for rights-based Family Planning and Maternal Health", the current **COVID-19 pandemic** is an example of a crisis, which hampers the execution of planned activities in these bilateral SRHR programs. Health care workers were affected by COVID-19 as first responders, a task which increased their risk for infection. Many were drawn to the COVID-19 response and were therefore not able to provide routine SRHR services. However, various efforts were made for reprogramming in order to continue to provide services and to strengthen national health systems: In Kyrgyzstan, Nepal and Malawi for example, Germany has supported the Ministries of Health to provide personal protective equipment for health care workers who provide SRHR services and trained them on how to protect themselves and their clients and patients from transmission of COVID-19. Mobile apps were used in Kyrgyzstan to train RMNCH workers on COVID-19 around childbirth to be able to continue to provide services. In Malawi, Germany supported the government's efforts to adapt guidelines to continue minimum essential services at health facility level in the context

of COVID-19. In Nepal, midwives provided advice on SRHR via mobile phones and most of the training activities for midwifery faculty was provided online.

### Experiences of crisis

In Yemen, German development cooperation through technical (GIZ) and financial cooperation (KfW development bank) is building on more than 20 years of experience on how to sustain basic quality health services, especially for women and children. This includes support for continued access to family planning services, where possible. Three governorates have a voucher system for pre-natal care and support during birth (in return for a financial contribution) and family planning (free of charge). Measures to safeguard and improve quality of service delivery continue.

During and after the Ebola epidemic in West Africa, particularly in Sierra Leone, Guinea and Liberia, fewer women were given access to essential health services such as perinatal care, which led to increased maternal mortality and more stillbirths. With the “Initiative on Rights-based Family Planning and Maternal Health”, Germany supported the government of Liberia to develop a post-Ebola health sector plan (PNDS 2015-2024) that included SRHR and specifically mother and child health and nutrition and the establishment of a rapid national response mechanism. Germany supported the implementation of the health sector plan in four administrative regions in Guinea through its “Health and Family Planning program”.

### Examples from transitional development assistance (TDA) measures

Adolescent girls, pregnant women and mothers are among the most vulnerable target groups benefiting from German transitional development assistance (TDA). Many of them are internally displaced due to crises, have fled or are returning to their homes, thus being exposed to additional risks. TDA improves access to basic health care during and after crises, which girls and women make use of and benefit from. Improved water, sanitation and hygiene (WASH) is a central component of TDA programmes in many countries to support girls and women in sexual and reproductive health and rights. TDA measures include:

- Awareness-raising measures (e.g. through workshops) on topics such as family planning, hygiene, sexually transmitted diseases and reproductive health, breastfeeding and postnatal care are also carried out by TDA in conflict contexts with women, families or young students. Menstrual hygiene, for example, is taught in schools. Special workshops also raise awareness among men for the topic of family planning.
- Through food and nutrition security programmes, women learn about nutritious food during pregnancy and how to ensure a balanced diet for infants. Particularly vulnerable women are supported through consultation before and after delivery.
- Free supply of micronutrients to pregnant women, birth kits (hygiene articles, nappies, materials for the treatment of the umbilical cord, clothing for new-borns, blankets and mosquito nets) and contraceptives are also provided as part of the family planning consultations.
- TDA promotes the prevention of gender-based and sexual violence and aftercare for those affected by conflict through the establishment of support systems and the treatment of affected girls and women (in South Sudan). Local gender-pedagogical and therapeutic educational structures are established to support the integration and reintegration of displaced children and young people (in Iraq). The crisis management of TDA is improving the population's overall knowledge of gender-based violence in order to counteract it.

## Examples for specific national and international crises and responses

### Response to the international challenge of fighting HIV/AIDS during the COVID-19 Pandemic

The COVID-19 Pandemic has posed several challenges for the fight against HIV/AIDS. In particular, interruption of supply chains and lockdowns have led to scarcity of condoms and drugs for Pre-Exposure Prophylaxis (PrEP) in some areas. As girls and young women are over-proportionately affected by HIV/AIDS in general, their situation has worsened due to the crisis and is further exacerbated by an increase in domestic violence and rapes, which can lead to an increase of HIV transmissions. In reaction to the current crisis Germany has pledged an additional 20 million Euros to UNAIDS to address the challenges the HIV/AIDS response is facing due to COVID-19.

### Response to the arrival of an increasing number of refugees in Germany

When an increasing number of refugees arrived in Germany, the existing range of assistance and information for pregnant women in crisis and emergency situations was expanded. The "**Pregnant women in distress**" helpline offers help by telephone, chat or e-mail around the clock. Pregnant refugee women can also take advantage of all the help on offer. With the support of interpreters, help and advice can be offered in a total of 18 languages. Information material such as brochures and flyers have also been translated into numerous languages, including Farsi and Arabic.

The model project "**Pregnancy and Escape**" served to protect refugee women and their unborn children. The focus of the model project was on outreach counselling work on site in initial reception centres and refugee accommodation.

The model project "**Expert Dialogue Network for Pregnant, Refugee Women**" served to determine the need for help and support in order to safeguard and promote the sexual and reproductive health and rights of pregnant refugee women. In addition, networking aids were tested for actors who offer services for pregnant refugee women.

### Support for pregnant women during the Corona-pandemic crisis

During the Corona-crisis, pregnant women had difficulties accessing pregnancy counselling. In order to guarantee counselling during the height of the Corona-Pandemic in Germany, digital formats of pregnancy (conflict) counselling were implemented. This was possible as the pregnancy conflict law and the penal code do not oppose digital formats.

Thus, the pregnant woman can be helped using digital formats and at the same time the risk of infection for both, the counsellor and the pregnant woman, can be minimised. According to the provisions of the Pregnancy Conflict Act, the Länder are responsible for providing pregnancy (conflict) counselling. All Länder have issued implementing provisions on this subject for their institutions of pregnancy (conflict) counselling).