**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-2) (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.

A crisis is any event that is going (or is expected) to lead to an unstable and dangerous situation affecting an individual, group, community, or whole society, and in which a quick solution is needed.

Pakistan, unfortunately is mired with a number of crisis from time to time i.e. economic crisis, political crisis, health crisis, floods/earthquakes and extremism. In the context of Sexual and reproductive health, for the organizations contemporarily operational in the country, predefined legal and policy frameworks are already available to deal with the SRHR crisis situations, and in case of health emergencies overall. An example of a framework been used in Pakistan is the Minimum Initial Service Package – MISP.

Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) Pakistan has included and notified comprehensive abortion care as an essential service during COVID-19, highlighting the MISP, task shifting, self-care and telemedicine services for abortion care in the COVID-19 Interim Guidance-Continuation of Sexual, Reproductive and Maternal Health Services.

Furthermore, Minimum Initial Service Package (MISP) Task Force has also been notified for contextualization of the MISP Manual in Pakistan. UNFPA has worked closely with the government and civil society partners to build National and provincial capacity through advocacy and trainings on MISP. Moreover, National Disaster Management Authority, Pakistan is working to develop detailed guidelines on MISP[[2]](#footnote-3).

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

Following are the type of situations that fit in to crisis:

1.Floods

2. Earthquakes

3.Inflation

4. Famines

5. Health Pandemics

6. Political Instability

7. Extremism

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

National Disaster Management Authority is a national level government department working to manage the crisis erupting on national level and Provincial Disaster Management Authorities are working as its subsidiaries on provincial level.

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 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.

N/A

1. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment.

With an increase in the number of COVID-19 infected patients, access to the medical professionals and health service providers have been reduced. There have been incidents of violence against healthcare workers[[3]](#footnote-4) - shortage of personal protective equipment has led to protests by the healthcare workers and backlash against these protests by police[[4]](#footnote-5). Added burden on Lady health workers conducting awareness raising activities. Also, there has been an increased dependence on midwives and home deliveries. Furthermore, lack of clarity on how to protect the frontline providers and SOPs is another issue.

1. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services.

In case of Pandemic, UE was practiced in LR and OTs through D&C, and access to safe UE technologies (MVA) was hampered, mentioning MVA as a time taking process against the unsafe method of D&C. Furthermore, there has been a shortage of contraceptives globally [[5]](#footnote-6).

1. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections.

N/A

1. Pregnancy-related health services, including pre- and post-natal care, assistance during childbirth, and emergency obstetric care.

In case of emergency situations, emergency obs care is functional, but influx of patients gets drastically reduced, which ultimately reduces the accessibility of women, in need of SRHR services including Postabortion care. The health crisis emerged due to corona virus has hampered women/girls' access to SRHR services in the same way as explained earlier as emergency was declared nationally in hospitals and all HR was also focused on C-19 cases – closing of maternity wards in Pakistan Institute of Medical Sciences and Lady Reading Hospital[[6]](#footnote-7). Furthermore, delays in reaching hospitals have been observed due to the closure of the public transport [[7]](#footnote-8).

1. 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;

Since Population Welfare Department (PWD) was closed during pandemic around the country and access was negatively influenced by its closure and within Department of Health (DoH) it is not fully integrated therefore Comprehensive Contraceptive (CC) services were not available and accessible to the community women & girls around the country.

Also, the supply of commodities via Population welfare, CC facilities was not available. Government has also redirected the budget to the initiatives taken in response to corona pandemic, instead of contraception services projects/programs. Lady health workers are supplying low or running out of supplies already. PWD and NGO family planning centres are closed and no postpartum counselling is given in Karachi.

1. 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;

The safe abortion services are already stigmatized in the country, which is quadrupled during pandemic crisis. The emergency postabortion care services were available at tertiary care facilities but were compromised due to focus on COVID-19. Outpatient Departments were also closed in all facilities during COVID-19 and Labor Room was operational only to deal with emergency cases.

1. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;

N/A

1. Screenings and treatment for reproductive cancers;

N/A

1. Menstrual hygiene products, menstrual pain management and menstrual regulation;

N/A

1. 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;

There is a 200 percent increase in cases of violence against women reported after the lockdown due to the pandemic from March to May 2020 [[8]](#footnote-9). Due to the increasing domestic violence during this pandemic, there has been an increase in mental health issues in the country [[9]](#footnote-10). Furthermore, there is a rise in sexual abuse and unwanted pregnancies [[10]](#footnote-11).

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

N/A

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;

National standards and guidelines on uterine evacuation and comprehensive contraceptive service delivery is in place; however, in case of emergency the priority was given to COVID-19 cases and only postabortion care emergency cases were being dealt in the Labor Room. Government monitoring was also not stringently done therefore post-corona monitoring can better explain the situation.

1. The affordability of SRH services especially for those in situations of vulnerability; and

Crisis always hit the marginalized chunk of the country more than other; therefore, low income class gets mostly affected by the crisis in terms of accessibility and affordability SRH services, and similar situations have been recorded during pandemic.

1. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

PWD facilities closure, loss of income, physical access was hindered, gender-based violence, illiteracy, prevailing fear of transmission of COVID-19 has affected 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.

Following are the crisis emerged in Pakistan ring last five years:

1. COVID-19
2. Floods
3. Dengue
4. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
5. 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?

In a crisis, women and girls (falling in reproductive age specifically young adolescents) who are existing in the marginalized /rural areas, lower income communities, Internally Displaced People camps, migrants' camps and societies having non-citizenship status, are affected mostly.

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.

Crisis brings implications on the SRHR needs of women and girls which often lead to unintended pregnancies, unsafe abortions and gender-based violence.

No, Ipas is not working in emergency/crisis afflicted areas; except COVID-19 and only have general population status in data evidence, but not any data specifically related to the factors defined in 6a.

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?

The main obstacles out of many which are encountered by the state in identifying the impact of crisis on women’s and girl’s SRHR are as follows:

* + 1. Financial status of the country
    2. Lack of trained HR
    3. Taboos/myths surrounding SRHR

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?

In recent crisis, the state of Pakistan has taken many initiatives for the continuation of SRHR service provision. National Disaster Management Authority and National Health Emergency Preparedness & Response Network in collaboration with local NGOs and INGOs make cluster groups to work in the crisis-stricken areas and women friendly spaces, camps and mobile service units are installed in those areas to cater to the SRHR needs of women/girls.

During the COVID-19, Government of Pakistan has adopted MISP and specifically included postabortion care in the MISP. Government has owned the Inclusion of safe abortion care in the Clinical Guidelines for the Management of Covid 19 in Pregnancy by Society of Obstetricians and Gynaecologists of Pakistan (SOGP). Furthermore, emergency service delivery and gynae/obs care was open throughout the pandemic.

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?

N/A

1. Were women’s rights organizations[[11]](#footnote-12) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

N/A

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.

Following are some actors and institutions which played a significant role in the emergency situations:

* + 1. Ipas
    2. UNCSW
    3. UNHRC
    4. UNFPA
    5. WHO

INGOs and UN agencies have supported the country’s health systems via certain awareness campaigns in collaboration with Government of Pakistan and Ipas has supported public sector health facilities with PPEs and commodities provision and clinical support is also provided.

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.

Restricted/limited budgets are allocated to women development including SRHR projects considering the unstable and fragile economic status of the country along with other national priorities. Furthermore, the taboos/myths surround SRHR in the country is another hinderance.

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

N/A

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.

Crisis issues and its implication on SRH service provision must be brought under discussion in the Council of Common Interest meetings by National Disaster Management Authority and National Health Emergency Preparedness & Response Network, considering it a pertinent part of essential health care realising the difference between crisis and disaster, a separate government body should be developed to deal with crisis particularly. Furthermore, there is a need to engage the existing systems in place which are working for the provision of SRH services in the country for a strengthen system of service provision during the time of crisis.

1. 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.

N/A

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 challenge is accessibility to the SRH services which is mostly hindered by the barriers such as stigma attached to abortion, availability of commodities, lack of awareness regarding SRHR, providers/doctors biased approaches, prevalence of unsafe and unhygienic procedures and practices, lack of government interest in SRH issues.

Mostly the rural part of the country is mostly affected, and among that women and girls of marginalized areas and lower income class and particularly the illiterate fragment of women and girls belonging to rural as well as peri-urban areas.

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?

National disaster response plan Pakistan 2019 is in place but it does not include crisis[[12]](#footnote-13).

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

No, it does not.

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 preparedness and recovery.

Sexual violence included in the plan but not anything specific to SRH.

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

There is no section related to the risks to women and girls’ sexual and reproductive health and rights in the plan.

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.

No Women rights organizations are not involved in the development of this plan.

1. 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?

N/A

1. 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.

There is no as such strategy or plan for crisis as mentioned earlier, but there is a disaster response in place. But in case of emerging situations, plans have been formed such as the National Action Plan for Corona virus disease (COVID-19) Pakistan is developed to counter the Corona virus.[[13]](#footnote-14) The reasons for not having a plan are various but some major reason could be lack of political will and lack of an institutional framework.

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

* By supporting the national forums to convene annual crisis management and mitigation meetings on national level
* By supporting the national disaster /crisis management departments to update their disaster /crisis response plans bi-annually or as and when required
* Encourage the gov. to share the crisis management knowledge to the population/communities through media led awareness campaigns

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-2)
2. <http://www.ndma.gov.pk/publications/Final%20-%20NDMA's%20Six%20Monthly%20Report%20(Jan%20-Jun2018).pdf>

   <http://www.ndma.gov.pk/publications/Annual%20Report%202018.pdf> [↑](#footnote-ref-3)
3. <https://www.dawn.com/news/1560400> [↑](#footnote-ref-4)
4. <https://www.bbc.com/news/world-asia-52243901> [↑](#footnote-ref-5)
5. <https://www.pakistantoday.com.pk/2020/04/08/virus-may-spark-devastating-global-condom-shortage/> [↑](#footnote-ref-6)
6. <https://www.dawn.com/news/1555063/stories-from-the-frontlines-we-cannot-lockdown-hospital-wards-progressive-planning-is-the-way-to-go> [↑](#footnote-ref-7)
7. <https://arynews.tv/en/sindh-government-offices-inter-city-public-transport-closure/> [↑](#footnote-ref-8)
8. <https://www.geo.tv/latest/287547-200-increase-in-cases-of-violence-against-women-in-past-three-months-report> [↑](#footnote-ref-9)
9. <https://www.thenews.com.pk/print/637936-mental-health-professionals-report-rise-in-domestic-abuse-cases> [↑](#footnote-ref-10)
10. <https://dailytimes.com.pk/612537/family-planning-in-the-time-of-covid-19/> [↑](#footnote-ref-11)
11. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-12)
12. http://www.ndma.gov.pk/publications/NDMA%20book%20complete.pdf [↑](#footnote-ref-13)
13. <https://www.nih.org.pk/wp-content/uploads/2020/03/COVID-19-NAP-V2-13-March-2020.pdf> [↑](#footnote-ref-14)