**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;

Only 38% of adolescents and youth are accessing SRHR education and services. The access is still limited by cultures and traditions which treat issues of SRHR as taboos. Limited awareness among parents and health workers. This challenges put adolescents and youth at risk of HIV infection, teen pregnancies and martenal mortality.

The Evangelical Lutheran church in Tanzania with the support from ACT Church of Sweden is collaborating with the health facilities and religious leaders to increase access among adolescents and youth.

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;

Health workers to clients ration in Tanzania is still very low, The Government and other stakeholders have continued to respond to this but still the health sector has a very big shortage of health providers compare to the need and mostly in rural areas where the access to social services is a challenge. The construction of hospitals and lower health facilities in the country has been a priority but health workers are not enough to provide the needed services. Birth attendance have been involved in different trainings to build the capacity.

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

Most of the essential medicines in the reproductive health clinics are for free, pregnant women are among the groups receiving services for free, although the access depends on the level of facility and resources to support the free services.

1. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
HIV treatment is scaled up in the country. Also availability of ART is secured but drugs for opportunist infections are not available in some places and not for free.
2. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care:

Antinatal and Postnatal care are provided at the Reproductive and child clinics. But the community awareness on the available services and utilization of services is limited. There is still a challenge of late ANC and home deliveries and poor male involvement which are also connected to the raising of martenal mortality in the country.

Also, mostly married women and elders are treated with great care in many aspects especially when they attend the RCH to get services and most of them are given many priorities on the services at RCH, where they are taught on how to take care of the child before and after birth but the situation is not the same for young girls .

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;

At large on the aspect of family planning to women and young girls has a challenge by inadequate knowledge and poor information on modern contraceptives whereby much information about family planning in the community is not correct. Although at the health facilities, commodities and staff with knowledge might be available the access is low due to a number of issues including the negative information on family planning, cultures and traditions which belives on the quantity more than quality and etc. The emergency contraceptives awareness among many in villages is low but a number of women and girls in big towns are aware.

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;

Services are available but abortion is illegal in Tanzania although it is practices to save lives in certain situation where the live of the mother is threatened by the pregnancy.

1. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others; The services like obstetric fistula are available but only in a few places.
2. Screenings and treatment for reproductive cancers;

The Cervical and breast cancers are among the leading cause of death among women of reproductive health age. Over the past few years, the cancer of cervical has been also been seen so much among the women living with HIV/AIDS. Because of this, the screening services were established in most of care and treatment centers and also at the reproductive health clinic. This is to say only a few hospitals have these services provided but again there are so many women who don’t go to the facilities until it is to late. Community outreach services are integrated but not so much done. This is to say that the access is still limited. ELCT is among the organisations in the country investing on education through health workers and religious leaders.

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

Menstration is still treated as a taboo in different places, it is still a reason for school dropout among adolescents and young women. The access to products is still challenged by poverty because of how expensive the products are for most women in Tanzania, especially those in rural areas. There are still women who don’t have anything to cover themselves with during menstration.ELCT health department has introduced menstrual cups but only able to reach a few people.

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;

Gender based violence awareness is still a challenge in most of places in Tanzania, this is because of the available connection between gender based violence and cultutes. Most of gender based violence acts are not taken as gender based violence but as part of normal practices. The ELCT with support from ACT church of Sweden and Nowregian Church Aid has started working with religious leaders to transform the dorminant norms affecting girls and women. Services at the health facilities eg for HIV prevention and emergency contraceptives are provided but people awareness on those services is low. Police gender desks are also available.

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

On the aspect of fighting against gender-based violence training, seminars and workshop from school level to the community are conducted.The government has laws and policies in place to prevent this and support the survivors but still community awareness on gender based violence is still limited.

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;

Although access to services is a human right and the government has laws and policies to support, people are not accessing due to the poor knowledge of their rights.

1. The affordability of SRH services especially for those in situations of vulnerability; and
2. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

Most of the services are provided for free eg ANC, Post natal, family planning and HIV services but also screening for cervical cancer especially in Public and Faith based organization facilities.

Experiences of crisis

1. Please list the situations of crisis experienced by your State in the last five years.
Covid 19 is a major, also HIV/AIDS has been in existance for so many years.
2. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:

Teen pregnancies have increased so much during COVID 19

Women and girls are affected with HIV/AIDS more than boys and men

1. 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?

15-49 women are affected with HIV more than others.

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.
2. 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?

Limited resources has been a challenge towards addressing most of issues.

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?

Free services is among the intervention in place to make sure the needy are reached.

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?

Through different stakeholders, the marrage Act which allowed marriage to girls below 18 has been questioned and the court has ruled against this act.

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.
2. 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.
3. 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.
4. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?
5. 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.
6. 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.
7. 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?
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)