

Women's and girls' sexual and reproductive health and rights in situations of crisis

Situation regarding Sexual and Reproductive health and rights during COVID-19 pandemic

As the COVID-19 pandemic continues to spread across the globe – pushing healthcare systems to their limits and compelling governments and healthcare institutions to make difficult and increasingly urgent decisions about how to deliver care while also curbing virus transmission – it is critical that responses to this crisis recognize that sexual and reproductive health services are essential, respecting people's rights to make decisions about their bodily autonomy and integrity.

The COVID-19 pandemic poses particular threats to poor and marginalized women who face greater difficulty in protecting themselves from transmission due to lack of information, resources, and access to quality health and social services in Armenia. COVID-19 pandemic has created also many challenges for women especially those who are in vulnerable life situations. It was a big challenge for many women to realize their SRHR rights during lockdown and that was not only related to a lack of access to healthcare services but also in terms of intersectional discrimination which faced and still face many women in Armenia. The pandemic situation has led to women who are already vulnerable becoming even more vulnerable, as access to services has been reduced.

The Women's Resource Centre monitored the situation regarding SRHR issues on daily basis from the beginning of lockdown and state of emergency due to Covid-19 situation in the country. The main findings are:

- The Ministry of Health made a decision for all healthcare facilities to postpone all non-essential surgeries for the period of March-July, 2020.
- No other regulation on SRHR issues were made for the period of state of emergency.
- Abortion services were provided by many doctors during state of emergency. Some of them even stated that they do not keep three days mandatory waiting period though according to the law it was pre-condition for abortion services.
- Nevertheless some doctors stated that they continue to follow all requests of the law including three days waiting periods.
- Women face a lack of access to transport to reach abortion services. During the state of emergency from the period of April 1 to May 17, the public transport was not operating and many women have difficulties on reaching health facilities. Especially women from rural communities were mostly affected from this decision.
- There is a lack of access to medical abortion, many doctors still do not use this method.
- In most pharmacies the contraceptive methods, including condoms, birth control pills and emergency contraceptives were available.
- The main SRH visits were those irreplaceable such as mandatory checkups during the pregnancy and urgent issues with internal genital organs.
- Maternity hospitals operate normally.



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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.

The term “crisis” is not used in legislative framework of Armenia. Article 76 of Armenian constitution provides constitutional basis for temporarily suspension and/or restriction of basic human rights and freedoms during the "State of emergency". According to the Armenian Law on State of Emergency, epidemic is one of the legal basis for declaring State of emergency. In the scope of Covid-19 situation the State developed several legislative and policy documents to manage the situation with the pandemic. Armenia declared state of emergency from March 16, 2020 and prolonged it till September 11, 2020. During this period of time a range of limitations were introduced (from limitation of freedom of speech and movement till prohibition of the entry into the country for foreigners).

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

As the COVID-19 pandemic continues to spread across the globe – pushing healthcare systems to their limits and compelling governments and healthcare institutions to make difficult and increasingly urgent decisions about how to deliver care while also curbing virus transmission.

As mentioned above, crisis situations are managed by Armenian Law on State of emergency. It is a wide concept which includes all the situations that are threatening for constitutional order of Armenia, including terrorist attacks, civil war situations and emergency situations, like earthquakes, cataclysms and epidemics. No specific exclusions are mentioned in the law.

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

The Government approved the decision “On declaring state of emergency in the Republic of Armenia” in March, 2020. The decision comes as a response to the spread of the novel coronavirus (COVID-19) in the world and in Armenia, declaration by the Head of WHO on the recognition of the spread of this disease as a pandemic. According to the law on State of Emergency, a crisis management centre/Commandant's Office was set up to ensure centralized crisis management. Decisions on the nature and territory of restrictions are made by Commandant's Office. First deputy prime-minister was appointed as Commandant. Decisions on prolongation of the state of emergency are made by the Government and approved by the Parliament. Government also introduced more than 20 programs to overcome economic effects of Covid-19, providing financial assistance to people and businesses. Decisions on the priorities are made by the Government.

Challenges and good practices



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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 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;

It is critical that responses to Covid-19 crisis should recognize that sexual and reproductive health services are essential, respecting people's rights to make decisions about their bodily autonomy and integrity. But no specific policy was developed by the State to ensure access to non-biased and scientifically accurate information about sexual and reproductive health matters and services during the state of emergency. The information was spread through social media by UN agencies and local civil society organizations (CSOs) related to SRHR issues and Covid-19.

- 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;

As part of its response to COVID-19 the State launched on-line webinar training series for health care providers including SRH providers on specifics of COVID-19 and SRH issues. Permanent on-line webinars were provided both to rural and urban health care institution representatives.

Though the State highlighted the importance of personal protection of healthcare workers but many health workers did not receive personal protective equipment. The doctors were wearing only masks. Medical facility's sanitary conditions were another obstacle which faced many women in Armenia especially in remote areas far from the big cities.

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

Information is not available

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

The main challenge of prevention and treatment of HIV as well as the prevention and treatment of STIs during the state of emergency was lack of access to transport to reach the capital city to get the medicine. During the lockdown the public transport disrupted for almost 1.5 months. In Armenia the main institution which provides medicine to the HIV patients is located in the capital city which is challenging in terms of accessibility and availability for many women and girls with HIV.

- e. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;

The only issue in terms of SRHR which was prioritized during the state of emergency was pregnancy and childbirth. Prenatal care was properly delivered to the women. As a successful example it is worth to mention the telehealth method which was widely used by the doctors for counselling pregnant women. Postnatal care is not provided properly in Armenia even before the crisis.

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- 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;

There is lack of information on modern contraceptives and family planning in Armenia even before the crisis. One of the reasons is lack of sexuality education in the country. The infertility treatment was not considered as essential service and was not provided during the state of emergency.

- 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;

Abortion services were provided by many doctors during state of emergency. Some of them even stated that they do not keep three days mandatory waiting period though according to the law it is pre-condition for abortion services. Nevertheless some doctors stated that they continue to follow all request of the law including three days waiting periods. Post abortion care is not provided in Armenia though it is mandatory by the law. A successful example is that many doctors started using medical abortion (many doctors in Armenia prefer to conduct surgical abortion instead of medical) during the Covid-19 crisis and telehealth method for abortion care. The main challenge in this field was access to public transport to get abortion care especially for women from rural communities who had to travel to the city to get abortion services and mandatory three days waiting period before the termination of pregnancy.

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

Information is not available.

- i. Screenings and treatment for reproductive cancers;

The main challenge was ban on public transport during the state of emergency. Many women were not able to travel to the big cities to get the screenings and treatment for reproductive cancer.

- j. Menstrual hygiene products, menstrual pain management and menstrual regulation;

Menstrual hygiene products are available. Menstrual regulation is not in place at all.

- 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;

According to police data, the number of domestic violence cases in the state of emergency has not increased, while NGOs state that direct reports have increased by around 30-50%. Policy makers do



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not have special programs or procedures that can be effective in the state of emergency for persons subjected to domestic violence. Additional resources are not allocated either. No any state policy/program, continuing awareness raising campaign or preventive activity is carried out as an appropriate response to domestic violence cases in the state of emergency. DV shelters are run by CSOs and operated during the state of emergency.

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

Information is not available.

- 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;

Legal safeguards against abuses in the provision of SHR services in relation to confidentiality, referrals, informed consent are stated in the Armenian Law on Reproductive Health and Reproductive Rights. Responsibility measures are provided by Criminal Code and Code on administrative violations. Specific safeguards against abuses and delays during crisis are not available.

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

The affordability of SRH services is one of the main challenges which face many women in Armenia. There is no universal healthcare insurance and many women especially from marginalized groups risk their health and life due to financial burden of these services. Not only the services themselves are expensive in Armenia but also centralized services in big cities make more difficult for rural women to access them.

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

SRH services including adequate funding are not prioritized by the State. Harmful and discriminative legal regulations (as an example, mandatory waiting period and counselling prior to abortion services) and practices by healthcare providers (as an example, conscientious objection) affect availability accessibility, affordability, acceptability and quality of SRH services and information in the country not only during the crisis but also before the crisis. Lack of comprehensive sexuality education deprives many women from realization of their SRHR in Armenia.

Experiences of crisis

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



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Covid-19 situation and state of emergency due to pandemic, armed conflict escalation with Azerbaijan over Nagorno-Karabakh (last was on July, 2020), nonviolent and peaceful revolution in 2018.

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?

Due to Covid-19 situation in the country, marginalized groups of women were more affected as a result of range of limitations which were introduced right after the state of emergency, including total ban of public transport activities. Many women, especially from rural communities were not able to reach to hospitals to get SRH services.

Throughout the COVID-19 crisis, women with disabilities faced more discrimination, violence, and barriers to accessing information, education, and services related to GBV and sexual and reproductive health, especially those living in rural areas and remote regions. Physical access to SRH services was a challenge to them, since transportation means were disrupted, and it was complex to access other public transport services such as taxis, which were costly for women with different types of disabilities, especially those who live alone. They couldn't get to the hospital for post-surgery checking or receive emergency medical care. A lot of women with disabilities were even unable to get to the pharmacy to buy condoms and women's sanitary napkins. Accessing condoms and other contraceptives was quite difficult and challenging especially for deaf women because of a huge communication barrier between them and those assisting, who did not understand sign language. Women with disabilities faced even greater inequalities in accessing healthcare during the pandemic including SRH services, due to inaccessibility to health information as well as physical and communication barriers.

During the crisis situation when the lockdown affected the social-economic situation of trans*people in the country (the majority of trans* women work at private sector or provide sex work), a lot of trans* women who used to receive a hormonal therapy as preparation for sex reassignment surgery (SRS)/ gender reassignment surgery (GRS), cannot effort to continue their treatments as they are not able to pay for it.

- 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.

The specific risk factors were described in 6 a part. Disaggregated data is not available, as Armenia is still in the state of emergency. The state does not provide any data regarding this issue.

- 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?

There is no gender sensitive strategy on SRH services in the country both during crisis and before the crisis. SRH services are only prioritized in terms of pro-natalist policy. The State does not prioritize intersectional approach in SRHR issues.

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- 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?

Childbirth, pregnancy, abortion services and any other urgent intervention was recognized as essential services during the state of emergency. Childbirth and pregnancy are funded by the state under the certain criteria. During the crisis these services continued to be provided by the State.

- 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?

Special measures were not adapted.

- f. Were women's rights organizations¹ involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

Women's rights organizations were not involved in the needs and impact assessments and the recovery policies. The State has not developed any specific policy in the field of women's rights including SRHR.

- 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.

Armenian Government provided monetary support to the vulnerable groups of the population (whose who lost their jobs during the pandemic, unemployed parents, poor families). UN agencies and local CSOs provided humanitarian aid to the specific groups of population.

- h. 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 responses funded by the state budget, foreign aid which Armenia received to combat Covid-19 situation in the country and private donations from the citizens and business field. Special funding was not provided to SRH services in the country.

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

SRH services are not prioritized by the State. All efforts were addressed to combat Covid-19 situation in the country since Armenia has high rates of infected in the region. Proper dialog with

¹ The expression women's rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities.



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the CSOs was not established and all efforts to advocate for SRH prioritization during the crisis were not addressed by the state.

7. 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.

There is no strategy in terms of SRH services during the Covid-19 crisis in the country.

8. 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.

Mainly local CSOs and International organizations provided humanitarian aid to the population. In several programs menstrual products were delivered.

9. 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.

Information is not available.

Preparedness, recovery and resilience

10. Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:
- a. To what crisis does it apply? What situations are excluded?

We are not aware of any risk management strategy/plan/policy developed by the State.

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

We are not aware of any risk management strategy/plan/policy developed by the State.

- 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.

Not included.

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

Not identified.

- 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.

Not involved.



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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?

Not available

11. 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.

As is has already mentioned the State does not prioritize SRHR in the country and that is why there are no specific strategies for realization of these services during the crisis.

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

International human rights mechanisms may remind the state about its obligations to protect and provide adequate SRH services to the population during the crisis situation. Also communicate with the state about the prioritization of SRHR in the country can be another way of support.