**Women's and Girls' Sexual and Reproductive Health and Rights in Situations of Crisis**

**Note:** SRHR includes 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 marginalization, which affect people's patterns of sexual and reproductive health.

**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. | Disaster Management Act (28/2015)National Disaster Management PlanHealth Emergency Operations Planhttp://origin.searo.who.int/maldives/documents/health-emergency-operations-plan-maldives-2018.pdfCrisis or Disaster is defined in the DM act as when situation arises in Maldivian territorial waters or in an inhabited island or islands, island with a resort or resorts, island or islands with industrial activities or in any region of Maldives inhabited by people that causes damage and losses to peoples’ lives, belongings, property, agricultural lands, infrastructure and to economy and environment that exceeds the ability of the affected community or society to cope using its own resources.“Disaster” A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.Additional Details: Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation. |
| 2. Please list the type of situations that would fit the concept of "crisis" in your State and indicate what situations are excluded. | Natural and manmade disasters prone to Maldives |
| 3. What institutional mechanisms are in place for managing a crisis and how are priorities determined? | National Emergency Operations plan (Volume I and II) detailing the functions of institutions in an emergency |

**Challenges and good practices**

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:

|  |  |
| --- | --- |
| 1. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;
 | Ministry of Health (MOH) has been working in partnership with NGO’s, UN Agencies and health facilities**Measures taken by Society for Health Education (SHE)*** Contraceptive delivery services
* Readily available phone counselling and information services related to SRHR
* Weekly Facebook live awareness sessions on SRHR and crisis situation
* Mass media appearances and social media awareness on SRHR
* Participation in national working groups and committees to address SRHR issues during crisis

**Challenges (SHE)*** Limited stock of Emergency Pill
* Discontinuity of SRHR services for 3 weeks due to lockdown as there was no SOP/ and prior arrangements established to provide service during a crisis.
* SHE SRH human resource was utilized on front line hence, staff shortage was there in dealing with all clients
* Due to limited stock of Emergency Contraceptive Pills, we were unable to provide some clients with the service

**Best Practices (SHE)*** Alternative methods introduced (such as delivery services, virtual sessions) to ensure provision of emergency SRH services
* Continuous provision of telephone SRH counselling services
 |
| 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:
 | * Medical professionals and health care providers are available in all health facilities, online training conducted for safety and PPE provided. Health Emergency Task forces trained and established in Atolls. Rapid Response Teams in Atolls gets activated.
* Emergency evacuation procedures in place – land, sea and air transfers are available.
* Shortage of national health professionals at all levels of the health system- reliance on expatriate workforce -high turnover
 |
| 1. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services,
 | MOH coordinates essential medicine provision for health facilities and ensures availability through stock management system.Mechanism put in place with supply transport and not much limitation in sending essential medicines. |
| 1. Prevention of HIV transmission post exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections:
 | * National HIV program coordinates with focal points.
* SHE focuses on HIV prevention, testing and awareness provision.

**Challenges (SHE)*** Due to the lockdown, we were unable to provide VCT services (HIV testing) as it requires the client to be physically present in the clinic

**Best Practice (SHE)*** Phone counselling and information services provided throughout for clients on HIV and STIs
 |
| 1. Pregnancy-related health services, including pre- and post-natal care, assistance during child birth, and emergency obstetric care:
 | Services in areas with COVID-19 re modeled for teleconsultation, outreach and review followed by visits based on condition.All deliveries taking place in health facilities with IPC measures as per guidelines.As an NGO, SHE does not provide assistance during childbirth, and emergency obstetric care services. The organization provides awareness on pregnancy, pre and post-natal care.**Measures Taken*** The organization collaborated with IGMH Gynecologist to conduct Facebook Live sessions for the public on Covid-19 and pregnancy, and conducted awareness sessions on breastfeeding, and a pediatrician to provide information on newborn care.
* Mass media appearances were made to create awareness on breastfeeding as well.
 |
| 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
 | MOH conducts Tele consultations and video calls with clients to counsel in Male’ city. In other islands the health service providers catered to this need.Delay in receiving commodities as international borders closed however UNFPA had assisted in a timely manner**Measures taken by SHE*** Contraceptive delivery services
* Readily available phone counselling and information services related to SRHR
* Weekly Facebook live awareness sessions on SRHR and crisis situation, and Family planning
* Mass media appearances and social media awareness on SRHR
* Participation in national working groups and committees to address SRHR issues during crisis

**Challenges (SHE)*** Limited stock of Emergency Pill
* Discontinuity of SRHR services for 3 weeks due to lockdown as there was no SOP/ and prior arrangements established to provide service during a crisis.
* SHE SRH human resource was utilized on front line hence, staff shortage was there in dealing with all clients
* Due to limited stock of Emergency Contraceptive Pills, we were unable to provide some clients with the service

**Best Practices (SHE)*** Alternative methods introduced (such as delivery services, virtual sessions) to ensure provision of emergency SRH services
* Continuous provision of telephone SRH counselling services
 |
| 1. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of legal status of abortion
 | Health service provision continued and emergencies were also attended to. Safe pregnancy termination procedures in the health facilities. |
| 1. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others
 | Health service provision continued |
| 1. Screenings and treatment for reproductive cancers;
 | * Routine treatment continues
* Screenings limited to cater to other essential services due to prioritization of services.
 |
| 1. Menstrual hygiene products, menstrual pain management and menstrual regulation;
 | All Government health facilities services are covered under Aasandha health insurance.Hygiene kits,Psycho-Social Support and Counselling ServicesSHE, as a member association of International Planned Parenthood Federation (IPPF) conducts sessions on Comprehensive Sexuality Education (CSE), and one of the focus areas of these sessions include menstrual management and hygiene as well. However, due to the current pandemic, these sessions had to be put on halt due to closure of schools. The organization is currently planning alternative methods to conduct these sessions. **Measures taken**Provision of pads to the Health Emergency Operations Center, Rapid Response Team, and Maldivian Red Crescent to support menstrual hygiene in partnership with UNFPA |
| 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 are not enough professionals in service delivery, especially in providing mental health and psychosocial support services.
* There is a lack of sensitivity when it comes to providing medical interventions in a timely manner.
* Proper channels for collaboration and coordination among necessary stakeholders is significant in ensuring survivors receive the necessary support in a timely manner. An online central database to share information among all relevant parties will make information sharing on time easier, and also ensure accountability.
* Coordination issues causes delays in provision of necessary services to victims/
 |
| 1. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage
 | Child Rights Protection Act (19/2019) prohibits child marriage. There have been zero cases of FGM reported to Ministry of Gender, Family and Social Services (MOGFSS)/ Child Family and Protection Services (CFPS) within the last five years.  |
| 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;
 | Health Services Act and Minimum Initial Service Package.SHE has compiled the Minimum Initial Service Package (MISP) for SRH in crises and conducted trainings throughout the country to ensure health service providers, and policy makers are well aware and trained on SRHR issues during crises in partnership with IPPF and UNFPA Maldives. |
| 1. The affordability of SRH services especially for those in situations of vulnerability, and
 | Government health facilities services are covered under Aasandha health insurance.SHE provides Free SRHR services except for specialist gynecological consultations; however, SHE considers the situation and vulnerability of each of their clients, and takes necessary actions to ensure no one is left behind |
| 1. Other pertinent information that may affect the availability accessibility, affordability acceptability and quality of SRH services and information.
 | **NIL** |

**Experiences of crisis**

|  |  |
| --- | --- |
| 5. Please list the situations of crisis experienced by your State in the last five years.  | National Disaster Management Authority (NDMA) has dealt with fire incidents at different levels, flooding due to heavy rainfall, sea surge and water shortage, Pandemic COVID-19 |

6. What was the impact of those crises on women and girls? Please provide information particular on the following aspects

|  |  |
| --- | --- |
| 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?
 | Major Male’ fire incident that occurred on sept 2019, left many families homeless, government stepping in to provide assistance and emergency relief. The incident left many children, girls and women vulnerable effecting them physiologically. Psychosocial support was provided by relevant authorities for specific groups in distress, addressing all the issues.Livelihoods of women working in informal sector were affected in the fire crisis as well as during the current pandemic. Tourism sector shut down, youth, men dominated. Fewer women requested for assistance as there were less women in that sector. Wives and families of such men, were affected indirectly, as they could no longer afford living in the capital city due to lack of income in the family.  |
| 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.
 | * Gender based and Domestic Violence is also a major concern
* Stigmatization and discrimination due to being associated with the infected.
* Occupational health and safety risks.
* STI /GBV
 |
| 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?
 | * Correct information are not reached to women and girls, mostly they search through internet or gather information from the peers.
* This can be seen mainly in island.
* Most women and girls are hesitant to talk about SRH or to go to health facilities to obtain the information.
* Health Centers do provide information once they visit to the place. Therefore, it is still difficult to reach to a larger population.
 |
| 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?
 | Health Facilities prioritized essential SRH services such as; Maternal HealthPostnatalImmunizationChild HeathContraceptionMedical Termination of PregnancyHIV/AIDSHealth sector response to GBVMeasures adopted during the crisis and steps taken to ensure continuity of services by SHE:* Introduction of contraceptive delivery services
* Provision of phone counselling services
* Virtual awareness sessions and mass media appearances to create awareness on SRHR and crises
 |
| 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?
 | Health Sector Response to GBV – health service provision and referral pathway.Medical Termination of Pregnancy |
| 1. Were women's rights organizations involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
 | Organizations are involved in the mental health cluster of addressing psychosocial support for those affected. Discussions were held with service providers in the process of drawing up the recovery plan |
| 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 organizations,
 | As per the disaster management act (Chapter 8), first responders are Maldives National Defence Force, Maldives Police Service, Health Protection Agency and Maldivian Red Crescent (MRC). Their roles and functions are outlined in the DM Act as well as in the NEOP. |
| 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
 | GOV, UNFPA, WHO, UNICEF, UNDP, Emergency supporting international organizations like World Bank, Bilateral supporting mechanisms, Local Public and Private organizationsNational Disaster Management Fund established by NDMA is the key resource of financial aid.The government may appeal for international humanitarian assistance to deal with an event of disaster effectively, with the recommendation of the Council through the Foreign Ministry. The Authority shall appeal to people of the Maldives, with the recommendation of the Council |
| 1. What obstacles have civil society organizations encountered in their efforts to deliver sexual and reproductive services?
 | Difficulties in delivery of contraceptives due to limited human resources. Due to this, the organization collaborated with MRC to deliver the commodities. Certain services such as gynecological services, Prenatal diagnosis services, and VCT services had to be put on halt due to the lockdown. All outreach service delivery and awareness programs conducted in islands annually had to be cancelled or changed due to the current situation. As an NGO, majority of our work are based on outreach programs, however, due to travel restrictions, this had to be put on halt Lack of participants and interaction from participants during virtual sessionsDifficulties in reaching specific target populations in conducting SRHR awareness programs |

O

|  |  |
| --- | --- |
| 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 | Identification of further gaps and areas to be strengthenedMore inclusivity of women and girls in making policies/plans,Concluding training session on GBV it was decided to incorporate important finding into our future plans.Some individual level initiatives identified include:1. Working on referral pathways. A detail referral pathway to for service providers and one for public/community2. Prepare communication materials using the skills you acquired from the advocacy session and use them to advocate better coordination within sectors.3. Advocate to include GBV in all plans done at your level as well as pressure and lobby policy makers. As we learned advocacy needs come from all levels to create the momentum.The response effort in the current pandemic has shown that plans and strategies that have been developed lack sensitivity towards the social impacts of such crises.  |
| 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. | DM Act as a baseline for humanitarian aid etc. however the institutions mandated to carry out such task are (Ministry of Gender/ Ministry of Health) |
| 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. | Main challenges 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 mostly takes place amongst women who are under state care and deprived of their liberty. Human Rights Commission of Maldives (HRCM) do investigate cases of violations against such women and also work towards helping those in need of assistance legally.Over the years, both government and non-government institutions have worked to access justice and obtain reparations for violations of sexual reproductive health right. These institutions include, the ministry of gender, family and social services, family protection authority, human rights commission of the Maldives, family and child protection department and other non-governmental parties including hope for women, Society for Health Educating and Advocating the Rights of Children.  |

10. Is there any **preparedness or risk management strategy/plan/policy**in your State? If so, please provide information on the following aspects:

|  |  |
| --- | --- |
| 1. To what crisis does it apply? What situations are excluded?
 | Disasters and emergencies at the national and local level.National Pandemic Preparedness Plan was prepared during the 2009 influenza pandemic. InDecember 2014, with outbreaks of avian influenza A (H7N9) virus and MERS-CoV circulating in some countries, the national plan was revised according to WHO guidelines. A multi-sectoral Pandemic Preparedness Committee, including the national IHR committee and other stakeholders, was established during the Ebola outbreak. The committee is formalized in the revised National Pandemic Preparedness Plan.Health Emergency Operations Planhttp://origin.searo.who.int/maldives/documents/health-emergency-operations-plan-maldives-2018.pdf |
| 1. Does it contain a definition of crisis? If so, please indicate the definition used.
 | For Disaster and emergencies at the national and local level.* “Disaster” A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.
* Additional Details: Disasters are often described as a result of the combination of: the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation.

For National Pandemic Preparedness Plan* Types of Health emergencies identified
 |
| 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.
 | For Disaster and emergencies at the national and local level * Priority is given to the vulnerable group during an emergency, thus including women and girls.

For National Pandemic Preparedness Plan* Scale of emergencies identified and the management of response.
* Steps are taken to address women’s challenges when accessing health services under the special conditions of a disaster or public health emergency.
* Implementation of the HEOP is supported by the Ministry of Gender and Family and other stakeholders including NGO’s (SHE) https://www.ippfsar.org/sites/ippfsar/files/2019-01/humanitarian%20snapshot.pdf with UNFPA for integration of RH and Gender based violence as per MISP into the national disaster prevention and response plans of NDMA in Maldives
 |
| 1. How were the risks related to women and girls’ sexual and reproductive health and rights in urban and rural areas, identified and assessed?
 | Systems for reportingSchools monitor children for psychosocial needs which may arise from discrepancies among the |
| 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,
 | In the process of formulating plans and guidelines concerned Ministries/NGOs are met and consulted. Womens rights and development aspects covered under various social security services under government and state institutions |
| 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?
 | Yes. (Gender Based Violence in Maldives Training Report, August 2019) 1)Participants in Senior Management Workshop agreed on a format and placement for a GBVin Emergencies coordination mechanism and a process to integrate this into the currentdisaster management policies.2) Participants in Senior Management Workshop agreed to review and amend the currentnational disaster plan to incorporate Protection throughout the policy, with agreement to addplans, protocols and language dedicated to preparedness and response to GBV in emergencies.3) Participants at technical level determined Priority Actions from UNFPA’s Minimum Standardsto take for each of the four key sectors (Health, Mental Health and PSS, Security, Justice andLegal Aid) to enhance preparedness 4) Participants at technical level determined priorities for integrating GBV into other keysectors, with key action recommended to target preparedness in the WASH, Food Security and Livelihoods, Education and Shelter 5) Participants at technical level drafted recommended mechanisms for island-level referralsystems and communication materials in an emergency (Gender Based Violence in Maldives Training Report, August 2019) |

|  |  |
| --- | --- |
| 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. | Need technical inputs and resources toincorporate protection and GBV into revisedpolicies, plans and budgetsDisaster response agencies and responseactors are under-funded, and staff andvolunteers need more training in order tomeet minimum quality standards. Ministry ofGender has technical capacity but is notfeatured in any of the disaster managementplanning and is vulnerable to being left out ofbudgets and decision-making forums until itsrole is recognized in policy and budgetsystems. |
| 12. Are there specific ways in which International human rights mechanisms can support States in their efforts to address a crisis? | Technical support and Budgetary support,  |