**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.

Under the law of Georgia on the State of Emergency a state of emergency is a temporary measure that shall be declared in accordance with the legislation of Georgia in the interests of ensuring the security of the citizens of Georgia during mass disorder, encroachment upon the territorial integrity of the country, military coups, armed insurrections, terrorist acts, natural disasters or man-made catastrophe or outbreaks of epidemic, or in other cases when the state authorities are unable to exercise their constitutional powers in a normal manner.

The purpose of the declaration of a state of emergency is the normalisation of the situation as quickly as possible, and the restoration of law and order.

Hence, the crisis that shall be reflected by the state of amergency are those listed above.

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

The situations serving in the interests of ensuring the security of the citizens of Georgia during mass disorder, encroachment upon the territorial integrity of the country, military coups, armed insurrections, terrorist acts, natural disasters or man-made catastrophe or outbreaks of epidemic, or in other cases when the state authorities are unable to exercise their constitutional powers in a normal manner.

As long as the the claus is open the list is not exhaustive and shall enclose any situation when the state authorities are unable to exercise their constitutional powers in a normal manner.

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

In regards to 2020, pandemic Georgian Governemnt introduced measures envisaged under the law of Georgia on State of Emergency, as well as drafted anti-crisis plans on economic; tourism revival; agriculture; healthcare; education; development sector.

Due to priorities, the anti-crisis plan released by the Georgian authorities on April 24, 2020[[2]](#footnote-2) has left numerous groups beyond the scope of state support: self-employed persons and those involved in precarious labour – mostly women (among them, nannies, janitors, caregivers), single mothers, homeless persons, women sex workers, etc. These groups, nevertheless, have been most severely affected by the crisis itself, as well as by the measures of social distancing and quarantine considered the most effective means to counteract it.

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;
3. Access to medical professionals and health service providers, including traditional birth attendants, with adequate provision for their training and safety including personal protective equipment;
4. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;
5. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
6. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
7. 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;
8. 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;
9. Treatment for pregnancy-related morbidities such as obstetric fistula and uterine prolapse, among others;
10. Screenings and treatment for reproductive cancers;
11. Menstrual hygiene products, menstrual pain management and menstrual regulation;
12. 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;
13. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;
14. 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;
15. The affordability of SRH services especially for those in situations of vulnerability; and
16. Other pertinent information that may affect the availability accessibility, affordability, acceptability and quality of SRH services and information.

According to research conducted in 2018, despite the fact that the State has made a number of progressive steps, there are systemic problems that women from different groups still face related to sexual and reproductive health and rights in a peace times. In particular, the State does not have a systemic vision for postnatal care and services; services related to family planning and contraceptives are still outside the purview of State funding; and complete integration of comprehensive education on human sexuality into the formal education system is still problematic.[[3]](#footnote-3)

Moreover, recommendations delivered by the UN Special Rapporteur on VaW has not fulfilled properly, in particular the recommendation to integrate education on gender equality, violence against women and sexual and reproductive health and welfare into all levels of education. Fulfilling the goals under the SDG also remains challenging.

Key findings of the study as well as correlation with the mentioned criteria is available online at: <https://georgia.unfpa.org/sites/default/files/pub-pdf/Sexual%20and%20Reproductive%20Health%20and%20Rights%20Country%20Inquiry.%20Key%20Findings_ENG.pdf>

On the other hand, the situation in crisis has not been studied yet, hence could not assessed in details. However, coronavirus pandemic causing economic crisis itself, left women without workplaces should have affect the access to the SRHR services. As well as restriction on movement during the curfew and the imposed restrictions on transportation should have a direct effect on women’s SRHR services and rights. For the period of state of emergency and curfew a certain rights guaranteed by the constitution has been also restricted, inter alia, freedom of expression, assembly, freedom of movement (after 9pm.). Those restrictions affected every group of the society.

Experiences of crisis

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

During the past 5 years, novel coronavirus brought extreme challenge for Georgia.

1. What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:
2. 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?
3. 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.
4. 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?
5. 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?
6. 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?
7. Were women’s rights organizations[[4]](#footnote-4) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
8. 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.
9. 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.
10. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?

The most affected groups of women and girls by the coronavirus pandemnic were self-employed perosns and those involved in precarious labour – mostly women (among them, nannies, janitors, caregivers), single mothers, homeless persons, women sex workers, etc. These groups, nevertheless, have been most severely affected by the crisis itself, as well as by the measures of social distancing and quarantine considered the most effective means to counteract it.

Having the target group of LTB women, WISG shall deliver the information in this regards.

LGBTQI people left without income and employment, as well as without the support of family members or community solidarity, find themselves at serious risk of homelessness.[[5]](#footnote-5) Their urgent needs, including rental subsidies and alternative housing or shelters have been overlooked by the state anti-crisis support programme. LGBTQI people experiencing housing challenges during the pandemic are frequently either survivors of domestic violence or have been renounced and disowned by their families due to SOGIE, hence, their return home was either risky or impossible.

In its crisis response measures, the Inter-agency Coordination Council of Government of Georgia has offered largely fragmented feedback to CBO appeals and has not proactively addressed the complex challenges on the agenda.

The main problematic issue was that the needs of LBT women has not been reflected or prioritized to the anti-crisis plans in a holistic way: The CBOs have received state support in the form of a few dozen boxes of food and personal hygiene kits, which have been promptly distributed as needed among groups of lesbian, bisexual and transgender women. This, however, is an act of one-off humanitarian assistance and cannot be perceived as an adequate response to either the general or the currently critical needs of the LGBTQI community.

After a critical statement of the civil society on anti-crisis plan a number of consultations were help with the administration of government (together with UNDP). However, it was after the anti-crisis plan was elaborated and launched.

As far as the consultations began with the help of UNDP and the draft of needs assessment was elaborated, as well as criteria for addressing the community members has been revised.

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.

The state must recognize the complexity of these needs and consider the fact that numerous queer people experiencing social challenges during the pandemic are frequently either survivors of domestic violence or have been renounced and disowned by their families due to their sexual orientation and gender identity. They have severed ties with their families and hence, their return home is either risky or impossible, hence left homeless. Structural and systemic homo/bi/transphobia, which reproduces these attitudes on a societal level, has for many years been manifested by the state in a lack of political will to alter the heavy legacy of negative attitudes towards queer people and develop a progressive social policy oriented towards the elimination of SOGI-based discrimination and related economic, employment, and healthcare inequalities.

The social policy of the Georgian state still fails to acknowledge homophobia, transphobia, and gender inequality as systemic and structural challenges. Hence, homophobia is still regarded solely as an individual issue, and consequently, selective punitive measures for individual homophobic manifestations prevail as the principal state strategy to combat homophobia in general. Gender equality, legal gender recognition, or proactive initiatives aimed at curtailing homophobia and transphobia via widespread educational and awareness raising interventions remain outside the scope of government Action Plans.

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?

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.

In time of crisis the law on state of emergency may have been recalled and the relevant anti-crisis plans be drafted under the order of ministries. The unviability of such plans may have been caused by the lack of prioritising the SRHR issues by the State and the lack of international obligation to do so.

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. <http://gov.ge/index.php?lang_id=GEO&sec_id=541&info_id=75972> [↑](#footnote-ref-2)
3. <https://georgia.unfpa.org/sites/default/files/pub-pdf/Sexual%20and%20Reproductive%20Health%20and%20Rights%20Country%20Inquiry.%20Key%20Findings_ENG.pdf> [↑](#footnote-ref-3)
4. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-4)
5. See: <http://gov.ge/index.php?lang_id=GEO&sec_id=541&info_id=75972> [↑](#footnote-ref-5)