

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 rights¹ (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 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.
 - ✓ ***The Kenya Constitution, international and regional instruments ratified by Kenya***
 - ✓ ***The ICPD Plan of Action, CEDAW, the Maputo Protocol and the Sendai Framework***
 - ✓ ***The Sexual Offences Act, Children's Act and Adolescent Reproductive Health Policy***
 - ✓ ***National Policy on Prevention and Response to Gender Based Violence 2014***

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.

- ✓ *Kenya National Action Plan on UNSCR 1325 on Women, Peace and Security.*
 - ✓ *The concept of crisis is approached as humanitarian or emergency situation affecting a large number of people.*
2. Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.
- ✓ *Includes* internal or external conflict, pandemics, earthquake, famine or floods. This includes crisis resulting from structural discrimination deeply embedded in histories of patriarchy and marginalization 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, election related conflicts among others
 - ✓ *Excludes* normal or voluntary migration
3. What institutional mechanisms are in place for managing a crisis and how are priorities determined?
- ✓ *Presense and implementation of response plans that define priorities . For example The Kenya National Plan of Action (KNAP) for implementation of UNSCR 1325 and related regulations*
 - ✓ *Multisectoral and multidisciplinary coordination led by State Department for Gender Affairs SDFGA*
 - ✓ *Purposeful involvement of institutions such as Kenya National Commission on Human rights (KNCHR), Judiciary, Government ministries such as ministry of health (MOH) / other sectoral ministries and non-state actors such as civil society/media in the management of crisis*

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 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;
 - ✓ *Special needs for those with visual or hearing disability. This being exacerbated with underlying lack of informational and educational materials for the same populations even during the stable times*
 - ✓ *The Kenya RH health policy 2020-2030 prioritises the need to meet the critical SRHR information and service needs. This includes having information adaptable to the needs of those with visual /hearing and any other form of disability. This is to be used in both crisis and non crisis situations.*
 - 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;
 - ✓ *Prioritization of human resource availability including additional deployment during periods of crisis*
 - ✓ *Presence of the community health strategy and guidelines with specific protocols on roles , how and what community resource persons (CORPS) can participate in during crisis . This includes capacity building and equipping them to facilitate the specified roles.*

- ✓ **Challenge:** Having limited number of human resource who can adequately meet the communication needs of persons living with hearing or visual impairment in times of crisis.
- c. Access to essential medicines as prescribed by the WHO, equipment and technologies essential for the quality provision of sexual and reproductive health services;
 - ✓ **Positive**
 - ✓ Elaborate commodity and supply chain planning systems
 - ✓ Communication on clinical dispensing practices for commodities and medicines
 - ✓ Use of technology and robust M&E systems to monitor utilization and minimise disruptions in services and supply chain
 - ✓ Setting of coordination and task teams on supply chain
 - ✓ Pre-planning and earmaking of resources for commodities and medicines
 - Challenge**
 - ✓ Risk of instability in case of a prolonged occurrence of a global challenge in supply chain on medicines and commodities dependant on global suppliers
- d. Prevention of HIV transmission, post-exposure prophylaxis and treatment for HIV/AIDS as well as the prevention and treatment of sexually transmissible infections;
 - ✓ Routine access to post exposure prophylaxis , HIV treatment and STI prevention covered at no cost to clients . This continues even during periods of crisis.
 - ✓ Extensive decentralization of the HIV care and preventions programing across the country for easy health service access
 - ✓ A robust HIV civil society movement with decentralised grassroot networks for continued mobilization and accountability at all times even during crisis
- e. Pregnancy-related health services, including pre- and post-natal care, assistance during child-birth, and emergency obstetric care;
 - ✓ Prioritization of maternal health services with a robust government sponsored free maternal care package – Linda Mama program . Catering for pregnant women and their infants up to one year postnatal.
 - ✓ Presence of policies , guidelines and SOPs on acces to care including standards on waiting time, ANC. Intrapurtam protocols , MPDSR among others .
 - Challenge:** Suboptimal quality of care , challenges in access to blood, number of skilled health care workers (nurses and doctors) and referral between levels of care especially during emergencies .
- 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;
 - ✓ Available with diverse method mix availability across the country
 - ✓ Further strengthening of FP and infertility anchored on the RH policy 2020-2030
- 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;
 - ✓ The Constitution of Kenya recognizes that life begins at conception (Article 26(2) and does not permit termination of pregnancy on demand or request.
 - ✓ According to the constitution (Art 26(4), an abortion in Kenya can be performed under the following circumstances:
 - i. Abortion is not permitted unless, in the opinion of a trained health professional,
 - ii. Where there is need for emergency treatment, or the life or health of the mother is in danger
 - iii. or if permitted by any other written law

- ✓ There are several guidelines and standards established and trainings currently ongoing to ensure that women receive the highest quality and respectful reproductive health care including post abortion care. Post abortion care involves the management of incomplete abortion and/or its complications arising from spontaneous or induced abortions. Post abortion care includes emergency management, Post-abortion Counselling, family planning and contraceptive Services.

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

- ✓ RH policy 2020-2030 and several guidelines provides for the same.

h. Screenings and treatment for reproductive cancers;

The MOH has a national cancer institute and a 2020 progressive and responsive cancer policy and plan on addressing cancers in Kenya including the cancer and treatment of reproductive cancers.

i. Menstrual hygiene products, menstrual pain management and menstrual regulation;
The Government of Kenya adopted a three-pronged approach to Menstrual Health and Hygiene. This entails

- a) Breaking the Silence –Which ensures that that there is pragmatic, reliable, factual and age-specific information on body changes, growing up and menstruation. This is in a bid to break the myths and taboos around menstruation;
- b) Safe and Hygieneic Mngement of Menstruation - ensuring adequate water, cleansing and washing materials and private spaces for managing menstrual flows hygienically and privately, managing pain and/or any related issues with dignity, in the home and in public spaces;
- c) Ensuring mechanisms for safe reuse, collection and disposal of menstrual waste with dignity in an environmentally safe manner. This element is focused on innovations and local, context-specific solutions.

Menstrual Products

- a) Kenya was the first Country globally to do away with VAT for sanitary pads in 2004
- b) In 2011, the Government did away with VAT and Excise duty on imported sanitary pads
- c) In 2016, Kenya Adopted the Finance Bill of 2016 which did away with VAT and excise duty (16% & 25% respectively) on raw material used to make sanitary pads. This was meant to spur local production of sanitary pads
- d) The Government has been distributing Sanitary pads to girls in public primary schools since 2011
- e) The Government through Kenya Bureaua of Standards is developing standards for reusable/washable menstrual management products to ensure that quality, safe and hygieneic products will be accessible in the market

Menstrual Regulation

- a) The President assented to the Baisc Education Ammdement Act No. 17 of 2017 which addresses the importance of access to menstrual products for girls in learning institutions, and the safe disposal thereof. The document states that the government shall “provide free sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution who has reached puberty and provide a safe and environmentally sound mechanism for disposal of the sanitary towels”

- b) Kenya launched the Menstrual Hygiene Management Policy and Strategy on 28th May 2020 during the Menstrual Hygiene Day
 - c) The Kenya School Health Policy 2019 has included menstrual hygiene Management (MHM) and given direction on what entails MHM friendly facilities in schools and requirements of MHM education and products in schools
 - d) On the 21st of September 2018 the Human Rights Council adopted resolution A-HRC-39-L.11, calling upon states to “address the widespread stigma and shame surrounding menstruation and menstrual hygiene by ensuring access to factual information thereon, addressing the negative social norms around the issue and ensuring universal access to hygienic products and gender sensitive facilities, including disposal options for menstrual products”. Kenya is one of the signatories on this resolution.
 - e) The Ministry of Education and Ministry of Health have developed the Menstrual Hygiene Management Teacher’s Handbook that has been approved by the Kenya Institute of Curriculum Development to be used in schools when schools re-open
 - f) The Ministry of Health has developed MHM Training materials and used the materials to train National and 183 staff from 45 Counties on MHM
- j. 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;
 Legislation : Sexual offenses act , Child protection act.
- ✓ *Existence of Guidelines , SoPs on Gender Based Violence management in the MOH police levels, with a clear referral pathway.*
 - ✓ *A unit within the Prosecution system and the Judiciary dedicated to address such cases.*
 - ✓ *Periodic survey on the state of violence against women in KDHS (3 rounds) , Violence against children in specific violence against children survey 2010, 2019*
Routine data and information collection from facilities across the country and from emergency response centers on trends and patterns
 - ✓ *Community level advocacy and education on the subject*
- Challenges :
- ✓ *Limited availability of shelters for survivors.*
 - ✓ *Gaps in child friendliness in the current response on sexual violence*
 - ✓ *Community stigma and myths surrounding SGBV*
- k. Measures to prevent and prohibit practices such as female genital mutilation and child, early and forced marriage;
- ✓ *National legislation – anti FGM ACT*
 - ✓ *National Policy for eradication of FGM in Kenya during the ICPD 25*
 - ✓ *MOH policy on ending medicalization of FGM in Kenya*
 - ✓ *Inclusion of FGM in routine MOH data collection protocols*
 - ✓ *Community advocacy and engagement*
- Challenges:**
- ✓ *Community stigma and myths surrounding FGM*
 - ✓ *Health care workers skills and gaps in appropriate FGM response*
- l. 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;
- ✓ *RH policy 2020-2030. Health Act 2017 addresses all the above*
- m. The affordability of SRH services especially for those in situations of vulnerability; and

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

Experiences of crisis

5. Please list the situations of crisis experienced by your State in the last five years.
- ✓ Corona virus pandemic
 - ✓ Floods
 - ✓ Famine
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?
- ✓ There was rise in the number of gender based violences incidences during the Corona 19, with women and young people below 17 years.
 - ✓ Reduction in access to maternal services reflected in reduced number of clients visiting health facilities for pregnancy and birth related services especially in urban counties or poor outcomes- maternal deaths
 - ✓ Likely driven by multiple factors including fear of visiting the health facilities during the COVID -19 period , restriction of movement, limited access to services due to closure of health facilities in event of sick healthworkers and curfew
- 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.
- ✓ Yes there is quantitative data through the Kenya health information system and the emergency COVID -19 and GBV call centers provides some qualitative information.
 - ✓ For SGBV specific data on age , location , disability is collected. Age seems to play a critical factor in the number of cases of sexual violence with minors accounting for most numbers.
 - ✓ Among the SGBV cases, increased number of those who missed PEP and ECP noted. Occasioned by presentation after 72 hours but could be associated with other factors which cannot be picked in the routine KHIS
 - ✓ For maternal services ,increased number of cases of maternal death disproportionately noted among those under 20 years and certain regions. This is being investigated to ensure accuracy and audit reports for each maternal death to ascertain the cause
- 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?
- ✓ The COVID -19 inherent prevention measures and restrictions such as closure of schools, social distancing , reduced movement hindered both reporting and access to immediate health service interventions and justice for GBV cases.
- 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?
- ✓ The care for pregnancy related conditions continued to be funded and prioritised during emergency /crisis in Kenya
 - ✓ SGBV services continue to be prioritised and funded during crisis in Kenya
 - ✓ FP services access continue to be prioritised

- ✓ HIV prevention care and treatment
 - ✓ Menstrual health and hygiene
 - ✓ During crisis eg the COVID -19 , in addition to the inclusion of the above services in the overall COVID -19 response guidance , specific SOPS and guidance documents were developed for each area for response and continuity of services.
- 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?
- ✓ Setting up of 24 hour working hotlines and call centers , Media and print communication on where to get help and specific coordination teams
 - ✓ Monitoring of teen pregnancy going on even in the midst of the pandemic
 - ✓ Completing the review of RH policy to be more protective of adolescents and young women....structures to protect children against rogue practitioners
 - ✓ Public dialogue on need to protect children, adolescents and women during crisis
 - ✓ Continuation of health services as needed.
 - ✓ Online classes to minimize the disruption from school...acknowledge that not everyone is accessing the classes
- f. Were women’s rights organizations² involved in the needs and impact assessments and the recovery policies? If not, please indicate why. **YES**
- 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.
- 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.
- i. What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?
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.
- ✓ An existing resilient system prior to the crisis plays a critical role in mitigating the impacts of crisis. Linda Mama program owned by GOK has played a remarkable role in ensuring pregnant women and their services are continued .
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.
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

² The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities.

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

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?
 - b. Does it contain a definition of crisis? If so, please indicate the definition used.
 - 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.
 - d. How were the risks related to women and girls' sexual and reproductive health and rights, in urban and rural areas, identified and assessed?
 - 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.
 - 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?

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.

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