**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](mailto:wgdiscriminationwomen@ohchr.org) and will be made public on the Working Group's web page, unless otherwise requested. The Working Groupd 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.

* Montenegrin laws doesn’t define the concept of crisis, but however, a large number of them mention crisis situations. For example, crisis situation is mentinioned in Veterinary Law, Energy Law, Law on Social and Child Protection etc.

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

* Law on Social and Child Protection of Montenegro in article 63 prescribes ” Counselling-therapy and social-educational services include: counselling, therapy, mediation, SOS telephone and other services with the objective of overcoming situations of crisis and improving family relations” but doesn’t prescribe concrete situation of crisis.

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

Challenges and good practices

1. Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis, including, for example, measures concerning timely access to the the following types of services and aspects of care:
2. Access to non-biased and scientifically accurate information about sexual and reproductive health matters and services;

* When we talking about teaching material for students, the curricular subject programme “Civil Education” which is taught both at primary school level (grade 1-9) and highschool level (grade 1-3 or 1-4) contains modules, among others, on gender equality, domestic violence, sexual and reproductive health and the prevention of sexual violence, but it is currently an elective subject.

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 staff are trained to identify victims of domestic violence, including victims of psychological violence, and have the duty to report any suspicion of a crime to the law enforcement agencies.

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

* There are no rape crisis or sexual violence referral centres in Montenegro. Upon reporting a rape or any other act of sexual violence to the law enforcement agencies, women are taken to hospital (a general hospital or the Clinical Centre of Montenegro) for a medical and forensic examination. Standard procedure requires a thorough general examination to document injuries and secure forensic evidence for storage until the victim has taken a decision on whether or not to report the incident. Instances of rape seem to be significantly underreported due to the cultural stigma that attaches to victims.

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

* The national response to HIV is multisectoral, multidisciplinary and includes a large number of activities that include education, counseling and testing for HIV, counseling and testing of pregnant women, providing safe blood, prevention in health facilities, proper disposal of medical waste, therapy, providing post-exposure prophylaxis, enabling pre-exposure prophylaxis, implementation of harm reduction programs, reduction of stigma and discrimination, creation of a supportive environment, promotion of condom use, etc. According to the Institute of Public Health the first case of AIDS in Montenegro was registered in 1989 and from then until the end of 2018, a total of 277 people infected with HIV were registered. However, using the methodology recommended by UNAIDS, it is estimated that in our country about 400 people live with HIV, so the prevalence of HIV infection in the adult population (population aged 15-49 years) is about 0.1%.

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

* Gynecological teams of the Health Center Podgorica perform regular examinations of pregnant women, including high-risk pregnancies, and ultrasound examinations are routinely performed, so that only in exceptional cases are patients referred to the secondary and tertiary level. School for pregnant women each month receives new pregnant women who are educated by professional team (gynecologists and nurses). They educate and inform them about pregnancy, childbirth, post natal period, breastfeeding, baby care and development.

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;

* It is evident that the implementation of projects to raise awareness of the NGO sector on the topic of contraception, but it is necessary to mention that CEDAW report for Montenegro states that it must be ensured that information on contraception must be more accessible.

1. Safe abortion services including surgical and non-surgical methods of termination of pregnancy and humane post-abortion care, regardless of the legal status of abortion;

* Acording Montenegrin Law on conditions and procedure for termination of pregnancy abortion can be performed up to 10 weeks from the day of conception, based on the written request of the pregnant woman. Abortion can be done after the end of 10 weeks from the date of conception, but not after 32 weeks. Abortion can be performed exclusively in health care institutions of the secondary and tertiary level of health care, which meet the requirements in terms of space, staff and equipment for performing this activity.

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

* %

1. Screenings and treatment for reproductive cancers;

* From 01 February 2018, the screening is carried out at the national level and from 01 February 2019. The target group consists of women who made the selection and registration at the chosen gynecologist and have between 30 and 42 years old. If they have not registered yet, women of this age group have the opportunity to join the program on their own initiative by contacting the team of the chosen gynecologist.

1. Menstrual hygiene products, menstrual pain management and menstrual regulation;
2. 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;

* Duty to provide victims of domestic violence with full and co-ordinated protection extends to many governmental institutions, including police, misdemeanour courts, prosecutors, Centres for Social Work, health care institutions, and other institutions that act as care providers. In Montenegro, NGOs play an important role in operating counselling and specialist support services for women victims of violence. These range from helplines and the running of women’s shelters to counselling services for domestic violence and forced marriage as well as the provision of legal aid.

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

* Recent amendments to the Criminal Code ensure the criminalisation of other forms of violence against women as required by the Istanbul Convention, namely stalking, female genital mutilation and forced sterilisation. In cases of exposure of children to child marriages, all competent authorities shall act urgently. It is difficult to establish the prevalence of forced marriage in Montenegro, it appears that the practice of arranging early marriages that border on forced marriage is frequent among the Roma and Egyptian communities. The early and forced marriages among Roma and Egyptians in Montenegro are usually perpetrated by parents and the wider family. During 2017, the Ministry of Human and Minority Rights published Guidelines for the proceedings of competenties institutions in cases of recognition and processing children's marriages and counter-married communities in which the competencies of all bodies are specified.

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;
2. The affordability of SRH services especially for those in situations of vulnerability;

* It is necessary improvement in the area of crisis centers in Montenegro. Even GREVIO Comitee urges the Montenegrin authorities need to set up rape crisis and/or sexual violence referral centres, ensuring a sensitive response by trained and specialised staff, in sufficient numbers, recalling that one such centre should be available per every 200 000 inhabitants and that their geographic spread should make them accessible to victims in rural areas as much as in cities.

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

* Leaflets explaining the availability of free legal aid have been made available by the Association of Judges and are displayed at the information counters of all municipalities. Available data indicate, however, that very few women benefit from free legal assistance in practice, owing primarily to their lack of knowledge about their

entitlement to such aid.

Experiences of crisis

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

* Crisis caused by the pandemic virus Covide 19:

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?

* The key measures to halt the spread of Coronavirus – such as lockdown, restriction of movement and social isolation - have left many women more vulnerable to violence. Distressed from the abuse itself, confined and discouraged by the lack of support, many women feel helpless and at the mercy of their oppressor.

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.

* According to the non-governmental sector during the June, 27% was an increase in applications of gender-based violence during the pandemic Covide 19.

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?
2. 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?

* During May Goverment of Montenegro- Ministry of Internal Affairs and UNDP Montenegro create for free Be Safe mobile app. This app was launched and is available for android and iPhone users in Montenegro. It is safe, quick, reliable, confidential and discreet channel of communication. Professional staff, educated and trained to support victims, will immediately reach out and assess what kind of support is needed given the specific situation.

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?

* The Protocol on the Treatment, Prevention and Protection against Violence against Women and Domestic Violence has been in force in Montenegro since 2018. During April and May 2020, at the initiative of UNDP Montenegro, all representatives of the institutions met to consider whether some of the necessary provisions should be amended in the context of the emerging crisis caused by COVID 19. Although the Law on Protection from Domestic Violence has achieved certain effects, this negative social phenomenon is still worrying in Montenegrin society, so Institution Ombudsman pays special attention to it. Ombudsman initiated amendments to this Law, so during 2019 Ministry of justice formed a working group to amend the Law on protection from domestic violence.

1. Were women’s rights organizations[[2]](#footnote-2) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.

* The Government of Montenegro clearly recognises the expertise of NGOs generally and seeks to officially involve women’s NGOs that run specialist services in multi-agency co-operation (for example Multi-Disciplinary Teams). Policy documents such as the Protocol on Action, Prevention and Protection from Domestic Violence and the Law on Gender Equality envisage co-operation of state actors with NGOs working in this field.

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 organisations.

* All stakeholders in charge of combating violence against women and domestic violence are obliged to act in accordance with the principle of urgency. Also, there are three domestic violence shelters exist (Podgorica, Nikšić and Berane) with. They provide emergency and longer-term accommodation for women and children fleeing from domestic violence.

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

* The non-governmental sector pointed out that the very low awareness of the recognition of sexual violence among the general population. They add that it is worrying that most people stereotypically believe that teenage girls and young women from sexual violence and harassment materially endangered categories, who "dress provocatively and go out to nightclubs"

1. 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.
2. 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.

* During COVID 19 crisis the Red Cross of Montenegro is intensively distributing aid to socially endangered families and individuals throughout Montenegro. However it is not registered special assistance for SRHR

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. 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.

* Montenegro has ratified the European Convention on the Compensation of Victims of Violence. However, in Montenegro there is no special fund for compensation to victims of crimes with elements of violence, nor a fund for compensation to victims of violence against women. The Law on Compensation to Victims of Crimes of Violence was adopted, according to which the victim of a crime of intentional violence has the right to compensation on three grounds: compensation for lost earnings, compensation for treatment and hospital stay and compensation for funeral expenses.

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?

* During the COVID 19 crisis in Montenegro, no special strategy has not adopted, but the national coordinating body for infectious diseases is an expert of various kinds who considers the adopted recommendations from all aspects.

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

* %

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 preparadeness and recovery.

* %

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

* The risk assessment in relation to women in urban and rural areas has not been clearly established.

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.

* %

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?

* %

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.

* It is very difficult to answer this question every assumption would be speculation.

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

* During the coronavirus epidemic, the regular work of many state and public bodies, including the judiciary, has become quite difficult. As an efficient judiciary is one of the fundamental mechanisms for ensuring the rule of law, and thus respect for all guaranteed human rights and freedoms, it is extremely important to ensure its best functioning in the new circumstances. It is important to ensure the functioning of free legal aid during the epidemic, so it will be usefull to international human rights mechanisms support Montenegro in strengthening of the judiciary and thus the rule of law.

1. SRHR include women’s right to make free and responsible decisions and choices, free of violence, coercion and discrimination, regarding matters concerning one’s body and sexual and reproductive health, as well as entitlements to unhindered access to a whole range of health facilities, goods, services and information on sexual and reproductive health, such as maternal health, contraceptives, family planning, sexually transmitted infections, HIV prevention, safe abortion and post-abortion care, infertility and fertility options, and reproductive cancer. Women’s right to sexual and reproductive health further encompasses the “underlying determinants” of sexual and reproductive health, including access to safe and potable water, adequate sanitation, adequate food and nutrition, and adequate housing, among others, and effective protection from all forms of violence, torture and discrimination and other human rights violations that have a negative impact on the right to sexual and reproductive health. Moreover, it covers social determinants, notably social inequalities in society, poverty, unequal distribution of power based on gender, ethnic origin, age, disability and other factors, systemic discrimination, and marginalisation, which affect people’s patterns of sexual and reproductive health. [↑](#footnote-ref-1)
2. The expression women’s rights organizations should be understood as encompassing organizations of women of different ages, backgrounds and identities. [↑](#footnote-ref-2)