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Re: Consultation Paper: Ireland's Second National Action Plan Women, Peace and Security

Comments by the Irish Family Planning Association August 2014

The Irish Family Planning Association (IFPA) is Ireland's leading sexual and reproductive health charity with 45 years' experience of working on sexual and reproductive health and rights issues in Ireland and in the development context. The IFPA has a proud tradition of promoting and protecting individual basic human rights in reproductive and sexual health, relationships and sexuality. The IFPA is the Irish collaborating partner of the United Nations Population Fund (UNFPA), and in this capacity, hosted the launch of UNFPA's 2010 report *From Conflict and Crisis to Renewal: Generations of Change* which marked the 10th anniversary of United Nations Security Council resolution 1325. The IFPA acts as the Secretariat of the All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development. The IFPA is a member of Dóchas and of the Women's Human Rights Alliance.

The IFPA welcomes the opportunity to contribute to the consultation in relation to the second Irish National Action Plan (NAP) on Women, Peace and Security. It is the view of the IFPA that the current NAP marked a significant step in the protection and promotion of women's human rights. Ireland's response to the UN Women, Peace and Security agenda could be strengthened, however, by more consistent incorporation of the principles of the 1994 International Conference on Population and Development (ICPD) in the second NAP.

Context

The ICPD Programme of Action set out to provide universal access to family planning and sexual and reproductive health services and reproductive rights; deliver gender equality, empowerment of women and equal access to education for girls; address the individual, social and economic impact of urbanization and migration; support sustainable development and address environmental issues associated with population changes. Ireland has been consistent in its support for the ICPD and in its commitment to ICPD informing the post-2015 sustainable development goals and underpinning the proposed standalone goals on health and gender.

Specific sexual and reproductive health needs of women and girls in conflict situations



When crises arise, gender norms can operate to further disadvantage women in multiple ways. Displaced women and girls are vulnerable to sexual violence, including rape as a weapon of war and sexual abuse and exploitation. Women are more vulnerable to sexual and domestic violence. Girls may be more vulnerable to forced marriage, and its related likelihood of domestic violence, curtailed education and early pregnancy, which may lead to complicated and dangerous delivery, obstetric fistula or maternal mortality, and sexually transmitted infections (STIs). Women and girls may turn to sex work in order to provide for their families. These conditions contribute to a heightened risk of STIs, including HIV, high risk life threatening pregnancies and child-birth, unwanted pregnancy, unsafe abortion and maternal death or disability. Interrupted or curtailed access to reproductive health supplies, and services (such as post-abortion care, and, in countries where abortion is legal, safe abortion services) exacerbates such disadvantage.

Refugee and displaced women may lose their access to their regular contraceptive method. They may be more motivated to avoid childbearing while their living situation is precarious and dangerous. They may therefore be more likely to turn to unsafe abortion than other women. Reproductive services may be covered to some degree in refugee camps—e.g. temporary and barrier contraceptive methods are usually provided. However, many service providers are not well-trained, and the absence of the full range of methods and adequate supplies impairs the quality of care. In-country storage and distribution of the necessary supplies presents significant challenges. Adolescents, who are particularly vulnerable to sexual exploitation and violence, continue to face unique hurdles in accessing services and information.

Women and girls in conflict and other crisis situations, therefore, have specific health needs related to their sexual and reproductive health (SRH). They require ongoing access to sexual and reproductive health services, a reliable supply of contraceptives to avoid unwanted pregnancies, unsafe abortions and adolescent pregnancies, as well as appropriate sanitary supplies during menstruation. Pregnant women require basic health supplies and obstetric care. Medical treatment is critical for cases of sexual assault and must include care for physical injuries; timely access to emergency contraception to prevent unwanted pregnancies; post exposure prophylaxis to prevent transmission of HIV; post-abortion care, particularly in contexts where women may resort to unsafe, illegal abortion). These interventions require trained health care workers, drugs, supplies and equipment.

The following sections correspond to the questions posed in the ‘Issues for Consideration’ in Section 5 of the Invitation for Submissions. The recommendations are in line with Ireland’s position on ICPD as expressed in Ireland’s statement to the Commission on Population and Development in 2011.¹

2. How can Ireland help empower women affected by conflict?

A woman’s ability to access reproductive health and rights is a cornerstone of her empowerment. Best international practice and research shows that integrating SRHR into the NAP is a predictable, cost effective and relatively simple way of saving women and children’s lives. Beyond saving lives, integrated SRHR policies alleviate suffering and respect the dignity

¹ <http://www.un.org/en/development/desa/population/pdf/commission/2011/country/agendaitem4/ireland.pdf>



of those affected by crisis, which are central aspects of Irish Aid's policy goal for humanitarian assistance and to UNSCR 1325.

Reproductive health is addressed in the current NAP primarily in the context of gender based violence (GBV) and sexual exploitation and abuse (SEA). The health of women fleeing conflict—already frequently compromised because of poverty or low social status—is threatened by precarious living conditions and, in general, the absence or the inadequacy of reproductive health care services. Having fled conflict, women and girls may be living in camps or be dispersed in urban or rural areas; in either case, such living situations may extend for months or years.

According to the Mid-Term Progress Report on the 2010 NAP, implementation of Objective P1.O2 (Strengthen capacity of partners and CSOs to effectively prevent and respond to GBV in conflict-affected countries and contexts) is “progressed and ongoing”.

Action P1.A2.1 in relation to this objective is to “support the capacity building of partners on developing and implementing GBV programming, including adopting and implementing in their programmes internationally accepted guidelines on preventing and responding to GBV and SEA and *addressing women’s sexual and reproductive health (SRH) needs.*”

The relevant indicator is that “All relevant organisations, including CSOs, supported by the Irish state have guidelines and policies in place [by 2013] on preventing and responding effectively to GBV and SEA and addressing sexual and reproductive health.”

The Mid-Term Progress Report notes that “although this is a stated requirement, information is not available on whether all CSOs have guidelines and policies in place, and it is criteria for membership of the IC-GBV [Irish Consortium on GBV] which Irish Aid support both financially and as an active member.”

These points are particularly important because many of the CSOs that play a vital role in conflict situations and are supported by Irish Aid are faith based and/or have an ethos and policies that either oppose or inadequately address the provision of comprehensive reproductive and sexual health services. This can take the form refusing to provide contraception, post abortion care or distribution of condoms or failing to provide referral to other agencies that do provide such care.

It is the view of the IFPA that (1) the new NAP should strengthen the existing focus in relation to sexual and reproductive health and rights (SRHR) by ensuring compliance with this indicator and by incorporating the **Minimal Initial Service Package (MISP)**.

The MISP is a coordinated set of life-saving priority activities that can and should be implemented without an in-depth needs assessment, in order to meet acute SRH needs in the initial phase of an emergency. The objectives of the MISP include identifying a SRH coordination point/person/organization; putting in place programmes to prevent and respond to sexual violence; reducing HIV transmission and ensuring that antiretroviral drugs are available for HIV treatment; preventing excess maternal and neonatal mortality and morbidity, treating sexually transmitted infections (STIs); and providing contraception. The MISP co-ordinates the SRH response and agencies involved. The IFPA also believes that (2) greater attention should be given to longer term reproductive health needs, beyond immediate lifesaving and emergency interventions. The MISP also lays the groundwork for comprehensive SRH programming as and when the situation allows.



Recommendations

Specify within the NAP that:

- i. Renewed attention will be given to the commitment in the UNSCR 1325 NAP to **support the capacity building** of partners on developing and implementing GBV programming, including adopting and implementing in their programmes accepted guidelines on preventing and responding to GBV and SEA and addressing women's sexual and reproductive health.
- ii. Priority will be given to **monitoring and ensuring compliance** with the indicator for the UNSCR 1325 NAP which states that all relevant organisations, including CSOs, supported by the Irish state have guidelines and policies in place on preventing and responding effectively to GBV and SEA and addressing sexual and reproductive health. Such policies should include appropriate referral pathways for CSOs that do not provide the full range of necessary SRH services and supplies, including referral to safe abortion services in countries where abortion is legal.
- iii. Ireland will work to increase national and regional capacity to implement the **Minimal Initial Service Package (MISP) for Sexual and Reproductive Health (SRH)** by identifying a SRH coordination point/person/organization; putting in place programmes to prevent and respond to sexual violence; reducing HIV transmission and ensuring that antiretroviral drugs are available for HIV treatment; preventing excess maternal and neonatal mortality and morbidity, treating sexually transmitted infections (STIs); and providing contraception and creating an enabling environment for long-term SRH planning and programming.
- iv. Integrate measures to address the risk of forced and/or child marriage, including through community awareness of the harms of early marriage and by making education a top priority and facilitating the creation of girls' schools and facilities near camps and other areas to which girls' families have fled.

3. How can the second National Action Plan reflect the commitments in Ireland's Policy for International Development, *One World, One Future*, and other relevant government policies and strategies?

The NAP can reflect *One World, One Future* and other relevant policies and strategies in two principal ways. First, the NAP can refer to the ICPD and other rights based commitments to sexual and reproductive health and rights (SRHR). It can also reiterate Ireland's commitment to women's and couple's rights to choose the number and spacing of any children they wish to have by framing SRH within the context of the rights of people in conflict situations.

Second, "*One World, One Future*" states (in the section on Basic Services, one of the six priority areas for action) that:

"Consistent with the 'Cairo Programme of Action', we will support efforts that reduce maternal and infant mortality, and promote universal access to reproductive healthcare, including ante-natal care and family planning services. Access to quality maternal and reproductive healthcare, supporting safe motherhood and allowing women to control their fertility, within the context of national legislative frameworks, is central to women's



empowerment and the health of nations.....Access to services needs to be complemented with access by the poor to information and essential products. We will support efforts to increase both information flows, including through the use of appropriate media and the availability of essential commodities through the private sector (such as bed nets to prevent malaria, contraceptives, water purifying tablets and soap)."

The NAP should include actions and indicators that reflect this commitment to the provision of contraceptives as part of a package of basic emergency supplies and as the basis for ongoing SRH programming.

Recommendations:

The NAP should specify that:

- i. Access to reproductive health services and supplies is a right recognised under the ICPD and international human rights generally, and Ireland will ensure that women and girls have access to the exercise of this right to the full extent of the law of the particular country.
- ii. The standard health package in emergency/conflict situations should include medical care, drugs (including emergency contraception), supplies and equipment for victims of sexual violence. Reproductive health supplies should be included in basic emergency health kits.
- iii. Ireland will ensure systems are put in place which maximise accessibility of sexual and reproductive health services to all sectors of the population, including groups whose sexual and reproductive health and rights are often denied—young people, lesbian, gay, bisexual and transgender (LGBT) persons, rural women, people with disabilities, people living with HIV and AIDS, people from ethnic minorities, and other vulnerable and marginalised groups.

5. How can the Oireachtas play a greater role?

The current NAP states that the Monitoring Group will "work with the appropriate Oireachtas committee to ensure involvement by parliamentarians". The Monitoring Group has reported to the Joint Oireachtas Committee on Foreign Affairs and Trade on a number of occasions.

In addition, Deputy Olivia Mitchell, the Chair of the All Party Oireachtas Committee on Sexual and Reproductive Health and Rights and Development represented the government at the November 2013 conference organised by the UK Department for International Development '*Keep her safe: Protecting girls and women in emergencies*'. This conference brought together donors, the UN and international NGOs to make commitments to ensure action is taken to stop violence and the threat of violence to girls and women during a crisis, and meet the needs of survivors of violence.

Such parliamentary monitoring and involvement is critical and has been a welcome feature of the approach to UNSCR 1325.

It is the view of the IFPA that Oireachtas scrutiny of the NAP should be built into the second NAP in stronger terms.



Recommendations

The NAP should include commitments to:

- i. A transparent process of Oireachtas scrutiny of its implementation whereby the Oireachtas holds DFA to account on the NAP commitments and contributes to future revisions and reporting of the Plan.
- ii. At least one report per year to the Joint Oireachtas Committee on Foreign Affairs and Trade on the overall implementation of the NAP.
- iii. A follow-up report on measures taken to address areas where least progress and/or greatest obstacles have been encountered.

6. How should Ireland promote Women, Peace and Security in multilateral organisations?

Ireland has a respected position within multilateral organisations such as the EU and the UN and has a good track-record in promoting gender mainstreaming and women's human rights within multilateral organisations, including in the Human Rights Council (HRC). Ireland is seen as an "honest broker" by countries in the EU and in the G77 bloc. As a country that is perceived as conservative on SRHR and yet has supported the implementation of the ICPD, the Beijing Platform for Action and several progressive outcome documents of UN processes, such as the Commissions on Population and Development and on the Status of Women, Ireland is in a position to offer leadership.

Recommendations

- i. Ireland should ensure that resolutions co-sponsored at the HRC on conflict highlight the need to address women's sexual and reproductive health needs during emergency and recovery phases of conflict and that resolutions focusing on sexual reproductive health and rights address SRHR in the context of conflict.
- ii. Ireland should take a more proactive role within multilateral fora, such as the UN Commissions on Population and Development and on Gender. It should also become more active in post-2015 processes in highlighting the critical role of the full implementation of ICPD in gender mainstreaming and in human rights based approaches to conflict situations.
- iii. Ireland should ensure that any EU policies and programmes relating to the UN Women, Peace and Security agenda incorporate the ICPD principles and the measures identified in the MISP.
- iv. Consistently with resolutions co-sponsored by Ireland at the Human Rights Council, elevate the issue of child marriage in interactions with multilateral organizations and international NGOs to ensure that the health, educational, and economic needs of girls are not forgotten during periods of conflict. This includes keeping the issue of child marriage at the policy fore during post-conflict aid and relief efforts, and also addressing tendencies for increased sexual violence against girls and women during times of fragility.

