**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 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.

Crisis is the situation happens with the result of any unexpected or hazardous situation that may affect any individuals, community or nation. The process by which such events or threats are effectively managed and dealt with is known as Crisis Management. As the situation happens in short time, Leadership is necessary to response its different phases.

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

* Natural Crisis
* Economic Crisis
* Social Crisis
* Structural Crisis
* Lingistic Cirisis

In my opinion, situation excluded are

* Lack of clear policies and effective implementation of the existing policies
* Lack of implementation of UN mechanisms, UNDRIP, Convention ILO 169, CEDAW, CERD,UNCRPD etc
* Weakness in advocacy of laws and polices upto the grassroot level
* Weakness in linkage between bottom up and top down approach

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

Government is taking initiative on harmful practices during Menstration period called “Chaupadi” in remote rural areas of the country like Karnali Province.

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.

Knowledge dessimination, Prevention measures done through leadership skill training, workshop to sensatize the community people on sexual health, menstrual hygiene.

* Government in collaboration with development organization has established Sanitary Pad Vending Machine at Schools in Surkhet District to support Menstration Hygiene.
* National Safe Motherhood Program by Ministry of Health and Population, GON
* Family Planning Awareness Program and Disstribution of Contraceptic in remote and hilly areas.
* Facilities of healthpost and birthing centers.
* Golden 1000 days program
* New National Health Policy 2017 citizen-centered

Experiences of crisis

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

* COVID- 19 (Ongoing)
* Earthquake 2015
* Flood 2017 and 2019
* Boarder Blockage, 2015
* Landslide every year
* Strom/Tornado 2017
* ThunderStrorm every year
* Fire and Forest fire every year
* Epidemic: Dengue, Cholera

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?

* Child Marriage
* Migration and IDP
* Trafficking
* Increase in Gender based Domestic Voilence
* Hardship in Daily Chores

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.

* Difficult to reach upto the healthpost and birthing centers
* Language Barrier and Gender : makes difficult to reach the right to the information

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?

* Right to information

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?
2. Were women’s rights organizations[[2]](#footnote-2) involved in the needs and impact assessments and the recovery policies? If not, please indicate why.
3. 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.

* GoN : MoHA, MoHP,
* 9 Cluster formed for emergency in Nepal
* National Reconstruction Athority,NRA
* Nepal Disaster Risk Reduction and Management Authority, NDRRMA
* Doctor
* Nurse
* Midwife
* Traditional Healers
* Psycosocial Counselers

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.

* Government of Nepal via Emergency Fund : priminister Relief Fund at Central, Province, Local level
* Fund from Donors and Developing Actors
* Voluntary Labour Contribution
* Social Security Allowance for New mothers

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

In Karnali region, in 2016, marginalized women of the region were able to raise the voice of the local and because advocacy and lobbying Governmet allocated 2% fund for emergency fund from the annual budget.

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.
2. 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.

* Lack of information, awareness about SRHR
* National Women Commison

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?

* Disaster Preparedness, Respose and Reconstruction

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

* Yes

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.

* Campaign to eradicate Chaupadi practices in far western region of Nepal
* And enforcement of laws by government.

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

* Limited resource
* Lack of information
* Hardship of Life due to geographical and tropographical condition of the country
* Poverty
* Lack of Proper Education

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.

Yes.

The steps:

* Capacity Building
* Leadership Training

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?

There is no Inclusive participation.

Participation of Marginalized Group,Indigenous Community, Dalit etc is limited.

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.

* Lack of of coordination and communication
* Weak Top Down and Bottom Up approach
* Lack of dissegregated data

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

NIWF is indeed a pioneer in successfully running several programs for development of marginalized indigenous women of Nepal. The main objectives are as follows:

* Since its formative years NIWF has been working for the empowerment and development of most marginalized and endangered indigenous communities such as Raute, Kusunda, Bankariya etc.;
* Establishment and continuation of district level indigenous women’s federation;
* Literacy classes;
* Enhance organizational capacity of indigenous women’s much and various indigenous women’s organizations;
* Organize training, seminar, discussion, dialogue and interaction programs;
* Increase political participation of endangered indigenous women;
* Review institutional policies;
* Publish ‘Indigenous Women’s Voice’ magazine tri-monthly bulletin and training manuals;
* Economic empowerment programs;
* Orientation, interaction and consultation programs at the local and national levels to indigenous women, representatives of political parties, media persons, representatives of government bodies and civil society to familiarize them with indigenous women’s issues;
* Review of international commitments made by the Nepal government for the protection of women’s and indigenous peoples rights;
* Post earthquake disaster, relief and rehabilitation program;
* Organized Human Rights National Magna Meet-2016;
* Radio program production, social media mobilization;
* Interaction workshop on land rights;
* Training on national policies and acts on land rights in Bankariya community;
* Case study of Bankariya and Chepang community on use of indigenous traditional knowledge in preserving the environment;
* Tribunal on climate justice and indigenous women’s rights;
* Monthly dialogue with young indigenous women on indigenous culture, politics, book reading and art and activism;
* Feminist Participatory Action Research.

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)