**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.

The Constitution of Nepal 2072(2015) provides for the situation of "emergency" which can be termed as crisis. There is various legislation which provides for the "crisis". In this document on "disaster" and "COVID-19" related legal and policy framework is discussed.

The Government of Nepal has developed various legal and institutional arrangements to plan and manage the Disaster Risk Reduction and Management activities. In this context, Natural Calamity (relief) Act 1982; Local Self Governance Act 1998; Building Act 1998; National Building Code 2004; National Strategy for Disaster Risk Management 2009, Climate Change Policy 2011, Land Use Policy 2012, Water Induced Disaster Management Policy 2015; National Reconstruction and Rehabilitation Policy 2015; National Disaster Response Framework 2013, Basic Guideline related to Settlement Development, Urban Planning and Building Construction 2016; National Urban Development Strategy 2016 are important legal and Policy framework.

Similarly, Constitution of Nepal 2015, and recently approved and enacted Local Government Operation Act 2017 and Disaster Risk Reduction and Management Act 2017, are the latest major legal arrangements.

Likewise, if the COVID-19 cases increases and the "crisis" situation is observed by the government, according to Public Health Service Act 2075 (Clause 48.4) state of emergency can be declared in Nepal. Also, international humanitarian assistance according to Disaster Risk Reduction and Management Act 2074, Clause 36.1. can be taken by government of Nepal.

In Nepal there is Health Emergency Operation Center at Kathmandu which is directly working for the COVID-19 response.

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

In its Article 273 provides for the State of emergency which can be defined as the state of "crisis". So, the situation of crisis has been defined in the Constitution of Nepal as threat in (a) sovereignty or (b) territorial integrity or (security) of Nepal. It further states it may be caused by

* war,
* external aggression,
* armed rebellion,
* extreme economic disarray,
* natural calamity, and
* epidemic.
1. What institutional mechanisms are in place for managing a crisis and how are priorities determined?
	1. Cabinet
	2. Central Natural Disaster Relief Committee
	3. Regional Natural Disaster Relief Committee
	4. District Disaster Relief Committee
	5. Central Natural Disaster Relief Fund
	6. Prime-Minister Natural Disaster Relief Fund
	7. Local level disaster management fund
	8. Line ministry disaster relief fund
	9. Rescue and Treatment Sub committee
	10. National Emergency Operation Center, Regional EOC, District EOC

Other Government Institutions Working on Disaster Risk Management are;

* Ministry of Federal Affairs and Local Development, Disaster Management Section,
* responsible lead ministry for preparedness and mitigation
* Ministry of Urban Development, responsible lead ministry for recovery
* Ministry of Irrigation for embankment and irrigation related disaster management activities
* Ministry of Defense for foreign search and rescue coordination
* Ministry of Energy for water -dam and other energy related disaster management activities
* Ministry of Physical Infrastructure and Transport Management
* Ministry of Science and Technology, Department of Hydrology and Meteorology
* Ministry of Health and Population for emergency medical care
* Ministry of Forest and Soil Conservation for forest and land related disaster management
* activities
* Central Natural Disaster Relief Committee, apex policy body headed by home minister
* responsible for policy formulation, program approval and monitoring the implementation
* related to disaster management activities
* Relief and Treatment Sub-Committee, headed by federal affairs and local development
* minister and Supply, Shelter and Rehabilitation Subcommittee headed by urban development
* minister as two major sub-committee directly working with the CNDRC
* Regional Natural Disaster Relief Committee
* District Disaster Relief Committee
* Local Disaster Relief Committee (VDC or Municipality
* Department of Water Induced Disaster Prevention
* Department of Mines and Geology
* Department of Hydrology and Meteorology
* Department of Soil Conservation and Watershed Management
* Department of Irrigation
* Epidemiology and Disease Control Division
* National Seismological Center
* Other government Ministries and Departments
* And Local Bodies

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.

Experiences of crisis

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

Ans**:** The situations of crisis experienced by Nepal in last five years are;

* Post earthquake situation
* Border blockade
* Post situation of food, landslide
* COVID pandemic situation
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?

Ans**:** Women affected were mostly pregnant and lactating women in any sort of crisis. When earthquake hit Nepal, most of the health facilities of rural area were completely damaged. So, women of rural area who were pregnant could not go for ANC check up and delivery. Women had to deliver baby in some other place. When houses were completely destroyed they could not get proper place to have rest. Such women also could not get nutritious food because of the food crisis after earthquake. Girls who were menstruating also could not maintain proper menstrual hygiene. Aolescent girls also could not get sexual and reproductive health service from health facility. Earthquake 2015, worsely affect 14 districts of Nepal.

During border blockade there was no transportation due to fuel shortage because of which many pregnant women died in home because they could not go to health facilities. Similar above situation was also seen during border cloackade. The crisis affected entire country.

During flood and landslide also pregnant women and lactating women could not get proper attention. Visiting health facilty during flood and landslide is almost impossible. Since family is displaced in other area in such situation giving attention to pregnant, lactating and menstruating women is very difficult.

During covid pandemic also, 30 women died because of the complications related with pregnancy and delivery. The reason is women cannot reach to the health facility and some were delayed to reach health facility. Women who were migrated and wanted to return to their original place were also affected. Health facility were not ready and equipped to cope the pandemic situation. The first case fatality in Nepal was 10 days post partum women.

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.

Ans: The risk factors were;

* lack of preparedness from government sector and lack of proper plan in crisis management.
* lack of resources as Nepal is low middle income country. Nepal do not have capacity to response crisis situation like earthquake, COVID pandemic.

There were 60,000 pregnant women and 637,000 adolescent girls in the 14 districts most severely affected by the earthquake.

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?

Ans: Mentioned in ques 6b.

1. 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?

Ans: In any kind of crisis situation government of Nepal has response mechanism. Nepal government and its different ministries along with various UN agencies, bilateral agencies and multinational agencies, INGOs, NGOs, CSOs has formed protection cluster under which various sub cluster has been formed in different theme like health, GBV, shelter etc. Such cluster supports women and adolescent girls in SRHR with their intervention. Servies like free ANC check up, medical service support, medicine support, dignity kit, female freindly space, awareness program through mass media has been provided to women and adolescents who are in need. Depedning on the type of crisis, such cluster are responding and giving support to women and adolescent in SRHR.

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?

Ans: Yes there is a system to prevent adverse reproductive and sexual and sexual health outcomes. Organization working in gender based violence and child marriage are providing special hotline service to general public in collaboration with government system and also conducts special awareness program through mass media and IEC material. During corona pandemic special safe house was contructed for GBV survivor (for all sort of women and girls who are GBV survivor).

Although there is not so strong system but few steps has been taken to prevent other risk triggered.

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.

Ans: Yes women’s rights organizations are involved in the needs and impact assessments and the recovery policies. As a member of protection cluster they are involved in all sort of actions initiated by government from planning to implementation and monitoring. Moreover, INGOs, UN agencies, CSOs are also involved with National planning commission and ministerial level planning who directly influence planning crisis management along with other plan.

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.

Ans: With the implementation of Natural Calamity (Relief) Act, 1982, Nepal embarked institutionalization of Disaster Management. This act established the Ministry of Home Affairs as a central agency for coordinating the activities to protect life and property through post-disaster rescue and relief. Similarly, other ministries, departments, academia, development partners, UN Agencies, international humanitarian organizations, non-governmental organizations and civil societies were given supporting role. The act has bestowed rights to the formation of Central Natural Disaster Relief Committee for formulation and implementation of policy at the central level and Natural Disaster Relief Committees in regional, district and local level for coordination and implementation. UN agencies, bilateral and multinational agenices also provide fund and other resources to initiate response program.

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.

Ans: As low middle income country Nepal do not have capacity to rely on its own fund to finance different intervention. Nepal do rely on foreign aid or assistance and in future too it will required foreign aid or assistance to finance women’s sexual and reproductive health program.

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

Ans: Lack of preparedness, lack of resources and lack of culture of working together (with government system and and other CSOs) are the key obstacles civil society organisations encountered in their efforts to deliver sexual and reproductive services. Similarly, due to government lingering process, many times CSOs cannot act quicly which at a time of crisis can have greater impact on the affected population.

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.

Ans: Early preparedness, resource mapping, well prepared plan, training to human resorce specially for crisis management are some of the lesson learned. The problem that we are facing at present is due to lack of preparedness, resources, well prepared plan, skill human resource. If we can manage it will help in subsequent situations of crisis.

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.

Ans: Even in normal condition SRHR program in Nepal are supported by various UN agencies, INGOs. In situation of crisis Nepal’s SRHR program is undoutedly supported by humanitarian aid along with government’s fund. Priorities are set as per the country’s priority area and as per assessment of morbidity and mortality rate and its impact in larger population.

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.

Ans: There is no such law in Nepal where women/girls get reparation from state if her sexual and reproductive right is violated. Case can be file against person/institution but cannot be file against state.

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?

Ans: Among the major disasters, non-natural disasters are like epidemics, droughts, forest fire, insect and micro-organism havoc, animal and bird influenza, pandemic flu, snake bite, animal terror, mines, air, roads or industrial accidents, fire, poisonous gas, chemical or radiation leakage, gas explosion, consumption of poisonous food, environmental pollution, deforestation or physical infrastructure damage and accident during rescue and natural disasters are like snowstorm, hailstorm, avalanche, glacial lake outburst, heavy rainfall, famine, flood, landslide, inundation, droughts, windstorm, cold wave, heat wave, thunderbolt, earthquake, volcanic eruption, forest fire etc.

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

Ans: In Nepal terminology “disaster “ is used often to denote crisis. A disaster is a sudden, calamitous event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community’s or society’s ability to cope using its own resources. Though often caused by nature, disasters can have human origins. (IFRC)

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.

Ans: Disaster risk reduction and management shall be pursued with an allof-society engagement and partnership. It also includes empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective shall be integrated in all policies and practices, and women and youth leadership shall be promoted.

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

Ans: Risk assessment is carried out to identify risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas. Incident like mortality, mortality related with reproductive health reported by local health facility will also be taken as a basis to identify risk.

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.

Ans: Yes women rights organizations are involved in the i) 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.

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?
2. 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.

Ans: There is Disaster Risk Reduction National Strategic Plan of Action (2018 – 2030) to go immediately into effect in a time of crisis.

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

Ans: Yes there is specific ways in which international human rights mechanisms can support to address a crisis. If the state declare the situation of emergency and asked support for humanitarian assistance then international human rights mechanism can come and support Nepal.

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)