

## HUMANITARIAN CRISIS IN NEPAL GENDER ALERT May 2015

**TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN  
MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL  
AFFECTED POPULATIONS.**

A 7.8 magnitude earthquake struck Nepal on 25<sup>th</sup> of April at 11:56am local time causing large scale damage and many casualties. An additional major earthquake struck on the 12<sup>th</sup> of May. Over 8 million people are affected in 39 of Nepal's 75 districts, with over 8,600 deaths and over 14,000 injuries (as of 18<sup>th</sup> of May). Over 2 million people live in the 11 most critically hit districts in the Central and Western Region, including the Kathmandu Valley districts. In these locations, the 2011 census records 284,144 female headed households, 31,609 women with disabilities, 138,032 women over the age of 65, 609,247 girls aged 14 or under and 630,678 illiterate women and girls.<sup>1</sup>

Current estimates suggest that approximately 750,000 houses have been destroyed or damaged. IOM's Displacement Tracking Matrix has identified 234 displacement sites in the Kathmandu valley (Kathmandu, Lalitpur and Bhaktapur), hosting 41,890 IDPs<sup>2</sup>. Data on the numbers killed, injured and displaced has not been disaggregated by sex or age to date.

The specific conditions of women and girls in the displaced camps and amongst the wider crisis affected population has yet to be fully assessed. The experience for women and girls in Nepal prior to the earthquake was one characterized by low levels of access to education, healthcare, economic, social and political opportunities. Recorded incidents of gender-based violence were high, with the National Demographic Health Survey (2011) indicating that 22% of women aged 15-49 had experienced physical violence and 12% had experienced sexual violence.

In addition, large numbers of women and girls are marginalised in society by caste designations and entrenched harmful traditional practices – such as child marriage, bonded labour and exclusion during menstruation. Other intersectionalities - such as age, marital status and disability – also exacerbate the level of discrimination. The ongoing crisis is likely to greatly heighten the level of vulnerability amongst women and girls.

### **PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS**

The participation and leadership of women and girls in the assessment, planning and implementation of the humanitarian and early recovery response is crucial to ensuring the needs and vulnerabilities of women and girls are identified and addressed. UN Women facilitated a meeting with national women's groups and civil society was days after the earthquake. The participants reported difficulties for women and girls in accessing humanitarian services in the face of already existing discrimination and gender inequality. They developed a "[Common Charter of Women's Demands for Gender Equality and Women's Empowerment in the Humanitarian Response](#)" addressing the humanitarian response and early recovery strategic planning, which was published in the local press in English and Nepali.

At the coordination level, the first meeting of the [Inter-Cluster Gender Task Force](#) (ICGTF) was convened on 2 May and was attended by representatives of 20 agencies. The purpose of the ICGTF is ensure effective mainstreaming of gender in the humanitarian response across the clusters and the GBV sub-cluster, to agree on

<sup>1</sup> 2011 Nepal National Census

<sup>2</sup> [Nepal Earthquake SitRep 16](#) – OCHA (2015)

standards and monitoring impact and to share relevant information. Of the latter the recently completed Nepal Gender Profile<sup>3</sup> has been disseminated to provide baseline and secondary data for planning purposes.

For more detailed guidance on gender-equality and women's empowerment in humanitarian action, please refer to the [IASC Gender Handbook for Humanitarian Action](#).

#### **Action Points for Participation and Leadership of Women and Girls:**

- All clusters and coordinating bodies should gather and utilize sex and age disaggregated data.
- All assessments – including the planned PDNA - should ensure compliance with official guidance on how to conduct an assessment with adequate provision - including gender balanced assessment teams - for the gathering of appropriate and relevant gender information and sex and age disaggregated data.
- All humanitarian responders must consult with and involve women's civil society groups and women of all ages, including those hard to reach or at risk - such as women with disabilities.
- All humanitarian responders must make special provision for vulnerable women and girls who are particularly marginalized by harmful traditional practices – including bonded labour, child marriage etc – and by their caste designation, in particular the Dalits.
- Ensure women and girls with disabilities and injuries are identified in needs assessments and data collection tools are designed to capture them.
- Ensure that the humanitarian hubs also have the requisite gender-in-humanitarian-action capacity.
- As humanitarian action moves to early recovery stages, ensure women are represented in all decision making and consultation fora and women are provided with livelihoods and income generation opportunities, based on direct consultation with them to ensure activities are tailored to their needs, circumstances, and capacities.

### **PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE**

**HEALTH CARE** – An estimated 2 million women and girls of reproductive age have been affected by the crisis, including approximately 126,000 pregnant women.<sup>4</sup> With disruption to normal health service provision, an estimated 1,500 women per month will have difficulty accessing reproductive health services and will consequently face the increased risk of life-threatening complications. Women have also lost access to family planning, exposing them to unwanted pregnancies in perilous conditions.

#### **Action Points for Health Care:**

- The Health Cluster to roll out the priority life-saving services in the Minimum Initial Service Package (MISP) for reproductive health.
- The Health Cluster to facilitate Clinical Management of Rape (CMR) in health centers and mobile teams, and post-rape treatment kits are distributed and health actors trained in using the kit.
- The Health Cluster should endeavor to provide women with access to skilled birth attendants for delivery and to basic and emergency obstetric care including a 24 hour 7 day per week emergency referral system.
- The Health Cluster to distribute clean delivery kits to identified pregnant women in affected areas.
- The Health Cluster to prioritize the distribution of Inter-Agency Reproductive Health Kits in affected areas to service providers.
- The Health Cluster to make family planning supplies freely available, including emergency contraception, to avoid unwanted pregnancies.

<sup>3</sup> [Nepal Gender Profile \(UN Women and OCHA\) – 5<sup>th</sup> May 2015](#)

<sup>4</sup> [UNFPA](#)

- The Health Cluster should ensure standard precautions are in place in health facilities, including protocols for blood safety and free condoms made widely available to prevent the transmission of HIV.
- The Health Cluster should ensure that antiretrovirals are available to whoever use them especially to prevent mother to child (PMTCT) transmission.

**NFI** **NON-FOOD ITEMS** –The high number of potentially vulnerable female headed households in the most affected districts and amongst the displaced population should be prioritized in the distribution of basic NFI materials for cooking, water-storage and lighting where needed due to lost and/or damaged property.

**Action Points for Non Food Items:**

- Implementing agencies engaged in the distribution of NFI should take care to ensure that vulnerable households, including female headed households, are specifically sought out to assess NFI needs and to deliver if required.
- Culturally appropriate menstrual hygiene materials must be distributed regularly.

**CAMP COORDINATION AND CAMP MANAGEMENT** – The Displacement Tracking Matrix has identified 216 IDP camps, including spontaneous settlements of 10 families or more. Of these, only 9% have some type of camp management, 48% are overcrowded and 91% do not have segregated toilets<sup>5</sup>. These are factors that will contribute significantly to the heightened risk of SGBV amongst women and girls in the camps. Sex and age disaggregated data is, as of yet, not available for the identified camps. This will be essential to identify particularly vulnerable households to relevant clusters and service providers.

**Action Points for Camp Management:**

- Camp Management agencies to gather sex and age disaggregated data at the household level for families that continue to live in displacement camps.
- Camp Management agencies to refer any vulnerable households – including female headed households – identified in camp assessments to relevant clusters and service providers.
- Camp Management agencies to layout camps and their infrastructure following guidelines that will mitigate heightened risk of gender-based violence.
- Camp management agencies to ensure that women are given adequate representation in Camp Management Committees.



**SHELTER** – According to government estimates, 488,789 houses were destroyed by the earthquake whilst 267,477 have been damaged<sup>6</sup>. No information is available on the number of vulnerable households, including female headed households, this includes. With the coming monsoon season, it will be essential that people are provided adequate shelter as soon as possible.

**Action Points for Shelter:**

- Shelter agencies must make special provisions to identify and prioritize vulnerable households for shelter materials distributions and/or shelter provision, including female headed households and households with disabled, elderly and/or pregnant/lactating members.
- Shelter agencies must make special provision for providing assistance to vulnerable households in any self-build emergency shelter, transitional shelter and/or repair programmes – including the delivery of all building materials and in any necessary construction work.



**WATER, SANITATION AND HYGIENE** – With large numbers displaced and with large amounts of rubble and accumulating solid waste and the recurrent rains, conditions are becoming increasingly unsanitary. 91% of

<sup>5</sup> [Nepal Earthquake SitRep 15](#) – OCHA (2015)

<sup>6</sup> [Nepal Earthquake SitRep 15](#) – OCHA (2015)

displaced camps are reported to not have segregated and safe toilet/washing facilities. They will also have difficulty being able to dispose of sanitary items in a safe and dignified manner.

**Action Points for WASH:**

- WASH providers and Camp Management must prioritize the installation of segregated, lockable and well-lit WASH facilities at displaced camp locations.
- WASH Cluster to create suitable waste management solutions for the safe and dignified disposal of sanitary items.

**FOOD SECURITY AND LIVELIHOODS** – Initial assessments estimate that 3.5 million people are in need of food assistance, of which 1.4 million will be in need of priority assistance over the first 3 months.

The planting season is due to start in a matter of weeks and households reliant on their crops will need assistance. With many rural men forced to economically migrate to the cities or to other countries to earn a living, many women left behind are dependent on subsistence farming and the wellbeing of their livestock. In the aftermath of the earthquake, many of these families will struggle even more as many of the men's source of employment will have been destroyed.

With rescue efforts having ended, the clear-up process will begin which will involve cash-for-work opportunities in the removal of rubble and accumulated solid waste. This provides much needed cash-earning opportunities for those able for the work. However, provision must be made for child-caring needs and work opportunities for those willing but unable to engage in heavy labour.

**Action Points for Food Security and Livelihoods:**

- Food clusters must make provision for women and girls to be able to attend (and return from) food distributions and receive their rations in safety.
- Food clusters must make special provision to deliver food to households unable to attend blanket distributions.
- Cash-for-Work implementing agencies must give women equal opportunity to participate in cash-for-work programmes. Alternative activities should be available for women who cannot engage in heavy labour.
- Cash-for-Work implementing agencies should make arrangements for child-minding services for women who want to otherwise participate in cash-for-work activities.
- Agricultural programmes – including the provision of seeds, tools, livestock etc- must also be made available for women who want them. Special provision should be made for households that may have recently lost the agricultural expert in the family.



**PROTECTION**

– Prior to the earthquake there was an already high existing level of SGBV among women (22% of 15-49 women have experienced physical violence and 12% sexual violence)<sup>7</sup>. Furthermore, as many as 12,000 women and children were estimated as trafficked annually to prostitution and/or forced labour from Nepal<sup>8</sup>. The current crisis will heighten these risks to women and girls – especially to those displaced and/or separated who are now in non-managed, over crowded displacement camps without segregated facilities. Policing and protection services have been disrupted, leaving survivors with few options to access assistance. Furthermore, the Justice system has been affected by the earthquake and many courts are not functional, thus reducing access to existing grievance mechanisms.

Approximately 13% of Nepal's population are Dalits<sup>9</sup>. Dalit women are particularly discriminated against and exploited – not only by society at large but also by men within the Dalit community. Their social status

<sup>7</sup> The National Demographic Health Survey (2011)

<sup>8</sup> [Decent Work for all Women and Men in Nepal](#) – ILO (2004)

<sup>9</sup> [Dalits and Labour in Nepal: Discrimination and Forced Labour](#) – ILO (2005)

undermines their ability to access education, health, employment and access to economic resources – especially land. Dalit women also face a high risk of sexual and gender based violence due to their social status and because it is extremely difficult for them to access justice. Dalit women who have been sexually attacked face further stigmatization and alienation whilst the perpetrators usually enjoy impunity. This is despite Nepal's adoption of the Caste-Based Discrimination and Untouchability Act in May 2011<sup>10</sup>.

There are numerous other harmful traditional practices that are still observed. For example, child marriage is prevalent in Nepal (16.3% of girls are married before the age of 14, 74.5% before the age of 19).

With many schools damaged or destroyed, approximately 950,000 children will not have access to education. Special provision should be made for the protection of adolescent girls who would normally be in school during the day. It is also essential that they are encouraged to return once the schools reopen.

**Prevention of Sexual Exploitation and Abuse (PSEA)** – As with any humanitarian crisis, the risk of sexual abuse and exploitation by either civilian or military humanitarian personnel is high in Nepal. It is important that all prevention, referral and survivor support services are put in place and are functioning at this critical time.

**Action Points for Protection:**

- The Humanitarian Country Team, including the Protection Cluster and GBV sub-cluster to advocate for more support, resources and funding to address the increased risks to S/GBV caused by the ongoing crisis and to establish a referral system to support GBV survivors' access to quality care – including emergency contraception - and support.
- The Protection cluster should prioritize the installation of safe spaces for women and children.
- The Protection Cluster with the GBV sub-cluster to establish and ensure that GBV survivors have access to health and psychosocial support that is culturally appropriate and that service provider especially health and community based services are trained to listen and provide emotional support, and provide information and refer as needed and agreed by survivor.
- The Protection Cluster to establish a referral system to support GBV survivors' access to quality care and support.
- The Protection Cluster with the GBV sub-cluster to ensure safe and ethical data collection on GBV in line with the GBVIMS.
- The Protection Cluster to provide clear messaging to the crisis affected population on the risks of trafficking and how people can protect themselves. Protection Cluster to work with national authorities to strengthen the capacity and strength of police border desks to identify potential victims of trafficking.
- The Protection Cluster to make special provision for Dalit women to ensure their equal protection and participation in the humanitarian response and as per the national legislation.
- The Protection Cluster to address harmful traditional practices – including bonded labour, child marriage etc – which crisis affected populations may resort to as negative coping mechanisms.
- The GBV sub-cluster to inform the displaced populations about the types and nature of GBV and HIV prevention, treatment, care and support services that are available for survivors of sexual violence and exploitation.
- PSEA training must be provided to all personnel involved in humanitarian programming as a priority – especially amongst those who work closely with IDPs and other members of the local population.
- Develop early warning systems to ensure PSEA and establish feedback and complaints mechanisms with provisions made for receipt, referral and victim assistance in cases of SEA.



**FOR MORE INFORMATION AND TECHNICAL SUPPORT**, please contact the secretariat of the Gender Reference Group at [grg.secretariat@unwomen.org](mailto:grg.secretariat@unwomen.org)

