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### DISCLAIMER

This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. All COI Query Responses are compiled in line with the Common EU Guidelines (2008) and the EUAA Methodology (2023). This response is not and does not purport to be conclusive as to the merit of any particular claim to international protection. Please refer to all documents cited.

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### COI QUERY RESPONSE

#### NEPAL - INFORMATION ON ACCESS TO HEALTHCARE

*Plos One* in December 2024 notes that: “Women with disabilities in rural Nepal face many challenges in accessing sexual and reproductive health services including harassment and unpleasant behavior by the healthcare providers. Though National Guideline for Disability Inclusive Health Service in Nepal is in place, there are gaps in providing the sexual and reproductive health needs of women with disabilities.”<sup>1</sup> The same document states that: “There is the government policy which has mentioned that the infrastructure of health services must be made accessible to persons with disabilities, but we still lack the necessary resources and equipment to provide all the mentioned services to them.”<sup>2</sup>

In December 2024 *the Rising Nepal* mentioned that: “Nepal has made commendable progress in health indicators over the past decades. However, critical gaps persist, necessitating a reevaluation of its health priorities to ensure equity, resilience, and sustainability. Nepal's focus on primary healthcare (PHC), particularly through the Community-Based Health Insurance Program and Basic Health Service Package (BHSP), has expanded access to care. It has initiatives like the deployment of Female Community Health Volunteers (FCHVs) have proven transformative. However, PHC systems are strained due to underfunding, inadequate infrastructure, and insufficient human resources in remote areas.”<sup>3</sup> This document also points out that: “There are still health disparities that are stark between different urban centres and remote regions like Madhesh, Karnali and Sudurpaschim. It has been seen that marginalised communities, including Dalits and indigenous groups, often face systemic barriers to healthcare access.”<sup>4</sup>

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<sup>1</sup> Plos One (13 December 2024) Understanding challenges and enhancing the competency of healthcare providers for disability inclusive sexual and reproductive health services in rural Nepal

<sup>2</sup> *ibid*, p.9

<sup>3</sup> The Rising Nepal (8 December 2024) Health Priorities: Concern Of Future

<sup>4</sup> *ibid*

In March 2024 *Bertelsmann Stiftung* reported that: “...access to health care, in particular, has improved in recent years, and the COVID-19 pandemic actually accelerated this trend. Public health access is better in urban areas than in rural ones.”<sup>5</sup>

The *Department of Foreign Affairs and Trade (DFAT)* Australia in March 2024 notes that: “Dalits report discrimination when renting accommodation, accessing healthcare and in engagement with police.”<sup>6</sup> This document further states that: “Mental health services are not universally available and are significantly under-resourced. According to the Nepali Government's 2021 Health Facility Survey, mental health services in the form of acute psychiatric care and medication are most likely to be available in federal or provincial level hospitals, but not in local health facilities. As with all health services, Nepal's remote and mountainous terrain is also barrier to access.”<sup>7</sup> “Many members of the Tibetan refugee community have reported serious mental health issues due to the constraints on their mobility, access to services and opportunities to participate in the economy.”<sup>8</sup>

The document further mentioned that: “In-country sources told DFAT that Bhutanese refugees could access education, healthcare, and livelihoods, often with the assistance of international organisations. Bhutanese refugees have access to public health services equal to Nepali citizens and receive UNHCR support to participate in the National Health Insurance Scheme.”<sup>9</sup> The document also notes that: “In practice, implementation of these provisions varies by prison. DFAT is not aware of prisoners being routinely denied rights such as access to health or legal services. However, Nepal's detention and prison facilities can be overcrowded (prisoners may share a mattress in an overcrowded cell) and unsanitary. Inmates generally experience poor conditions including deprivation of natural light, ventilation, food, and hygiene facilities. Toilets and showers are very unsanitary. Prisons are very hot in summer. Prisoners receive two meals a day and food is often inadequate. Some prisoners' families supplement this by bringing them food during visits. Drinking water (sometimes unclear) and basic healthcare are available, but doctors are not always available, and a very unwell prisoner is likely to be taken to hospital.”<sup>10</sup>

In February 2024 *Human Rights Watch* mentioned that: “While the Nepali government obtained vaccines to cover its entire population, availability and accessibility are not the same thing. This can be especially true for marginalized populations, like trans people, who already face discrimination and barriers to health care.”<sup>11</sup>

The *Blue Diamond Society (Nepal)* in January 2024 states that: “In line with CEDAW articles, there exists a notable deficiency in prioritizing gender-affirmative healthcare, including the absence of provisions for hormone treatment and gender-affirmative surgeries within the existing health policy and programmatic frameworks. This deficiency, as outlined in Article 12 of CEDAW, underscores a failure to ensure equal access to adequate healthcare services for transgender individuals. The current

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<sup>5</sup> Bertelsmann Stiftung (19 March 2024) BTI 2024 Country Report Nepal, p.26

<sup>6</sup> Department of Foreign Affairs and Trade (DFAT) (1 March 2024) DFAT Country Information Report: Nepal (March 2024)

<sup>7</sup> *ibid*, p.8

<sup>8</sup> *ibid*, p.17

<sup>9</sup> *ibid*, p.17

<sup>10</sup> *ibid*, p.42

<sup>11</sup> Human Rights Watch (15 February 2024) “We Have to Beg So Many People”: Human Rights Violations in Nepal's Legal Gender Recognition Practices, p.38

lacuna in formal health facilities necessitates trans individuals to seek hormone treatments from unregulated sources, posing a significant impediment to their right to health and well-being under Article 12 of CEDAW.”<sup>12</sup>

The *International Dalit Solidarity Network (IDSN)* in January 2024 points out that: “Survey respondents informed us that women’s health in Nepal has shown improvement over the years. However, despite progress, challenges persist, especially in accessing reproductive health services and maternal healthcare, including family planning, contraception, and comprehensive sexual education that has hindered women’s well-being. Geographical disparities continue to exist regarding maternal mortality rates, with rural areas facing greater challenges in accessing quality maternal healthcare compared to urban regions. Lack of skilled birth attendants, inadequate infrastructure, and transportation difficulties contribute to this disparity. While efforts have been made to expand these services, barriers such as socio-cultural norms, lack of awareness, and limited access in remote areas hinder widespread availability and utilization.”<sup>13</sup>

The *Lutheran World Federation (LWF)* in December 2023 reported that: “34% of the Dalit community have experienced community-level discrimination. 26% have been denied entry into public places; 13% were confronted with denial of opportunities related to labour and production; and 26% have experienced discrimination in accessing health and other public services.”<sup>14</sup> This document also states that: “The majority of ex-haliyas have limited access to health services. 71% of ex-haliyas don’t have access to government’s health services and 18% of ex-haliyas feel they are discriminated against in accessing these services. 93% of ex-haliyas face a lack of emergency health care support Sexual and reproductive health remains a concern for women and adolescents with no guaranteed access to safe abortion procedures. This poses substantial health risks to women facing unplanned pregnancies. The majority of Dalit women have no access to antenatal care. According to the Nepal Demographic and Health Survey 2022, the frequency of women having a minimum of four antenatal care visits in their last live birth differs among ethnic groups, with Brahmin/Chhetri women having the highest proportion at 90%, while Dalit women reported the lowest at 71%.”<sup>15</sup>

The *International Labour Organisation (ILO)* in July 2023 notes that: “The health sector in Nepal is characterised by significant urban/rural disparities in geographical access and quality of care which significantly limits the attractiveness of social health insurance (Mehata et al. 2017; Pandey et al. 2013). In 2012, only 34 per cent of Nepalese households had access to medical facilities within 30 minutes of their house (Mehata et al. 2017).”<sup>16</sup>

In June 2023 the *United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)* mentioned that: “Previous studies have documented significant levels of violence against LGBTIQ+ communities in Nepal, including physical, emotional and sexual violence by various actors,

<sup>12</sup> Blue Diamond Society (Nepal) (24 January 2024) Shadow Report on CEDAW focusing on LBTQ women in Nepa

<sup>13</sup> International Dalit Solidarity Network (IDSN) (14 January 2024) Joint Submission to the UN Committee on Elimination of Discrimination Against Woman (Dalit women in Nepal)

<sup>14</sup> Lutheran World Federation (LWF) (18 December 2023) Nepal issues reported to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) Committee

<sup>15</sup> ibid

<sup>16</sup> International Labour Organisation (ILO) (23 July 2023) Social health protection in Nepal State of play and recommendations towards universal extension of coverage

such as the police, healthcare providers and family members. LGBTIQ+ people also face significant barriers in accessing healthcare and education.”<sup>17</sup>

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<sup>17</sup> United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) (11 June 2023) *Evidence to Action: Addressing Violence Against LGBTIQ+ People in Nepal [Executive Summary]*

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