

Nepal Stakeholder UPR Mid-Term Report

On the theme

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



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Introduction

The Beyond Beijing Committee (BBC) is a national network organization that has been tirelessly advocating for human rights and feminism since 1995. Its focus is to empower women and girls in civil, political, economic, and social aspects to achieve gender equality, women's human rights, and sustainable development in Nepal. BBC is actively involved in monitoring the implementation of CEDAW, ICPD, UPR, MDGs, and Agenda 2030 for Sustainable Development, and Sustainable Development Goals (SDGs). It is a founder of the Nepal SDGs Forum (CSOs Forum) and the convener of the Women and Girls' constituency and gender justice theme. In 2017, it founded the Women Major Group for Sustainable Development in Nepal (WMG-SDN) and currently acts as its secretariat. BBC's commitment to advancing gender equality and sustainable development in Nepal is unwavering.

In 2021, the Working Group on Universal Periodic Review's 37th session, the review of Nepal was held at the Seventh meeting on 21 January 2021 in Geneva. During the interactive dialogue, 98 delegations made statements. The government of Nepal received 233 recommendations and accepted/supported 196 and noted 37 recommendations of the total. Since SRHR is one of the key thematic areas, BBC has been working on, this Mid-Term Report focused on and assessed the status of implementations of those recommendations concerning SRHR.

Assessment Methodology

This Mid-Term Report is prepared based on the desk review of the government's policies, plans, and strategies concerning Sexual and Reproductive Health and Rights and BBC's working experience in the SRHR. The assessment examined the government policies and plans to see whether and to what extent the Government of Nepal (GoN) has implemented the UPR recommendations on Sexual and Reproductive Health and Rights (SRHR). Analysis of the situation and implementation status presented based on BBC's working experience and of the review of related documents in the field. In doing so, the assessment study evaluated the government's key actions related to SRHR to examine whether they are consistent with the UPR recommendations.

Assessment: Where does Nepal Stand?

In its third UPR cycle, Nepal accepted 2 recommendations 159.135 and 159.137 concerning Sexual and Reproductive Health and Rights. Recommendation 159.135 focuses on the "decriminalization of abortion" which is partially implemented.

Abortion has been legalized in Nepal in 2002, but it is conditional. The GoN enacted Safe Motherhood and Reproductive Health and Rights Act 2018 to ensure the right to safe abortion. According to this act, abortion is allowed with the consent of pregnant women up to 12 week gestation without any condition. In case of rape, incest, if a pregnant woman is living with HIV or other incurable diseases, if continuing pregnancy poses a risk to the physical and mental health of the pregnant woman, and if there is a fetal anomaly, abortion is permitted up to 28 weeks of gestation from trained health worker of government listed health facility. Abortion undertaken beyond these conditions is still considered illegal and criminalized. There are instances where service providers are being penalized for providing abortion services. Despite the legal provision and availability of safe abortion, services from government-listed health centers women still face barriers to obtaining safe abortion. Major obstacles identified by studies included a lack of awareness of the legal status of abortion, lack of services sites and service providers, difficulty in reaching service sites, gender norms that hinder women's decision-making autonomy, the often-prohibitive cost of the procedure, and fear of abortion-

related stigma.¹ BBC during its visit to project sites has come across different abortion stories where women are not being able to seek abortion services due to stigma prevailing in the community.² A study conducted by BBC in 2019 highlighted that many women opt for unsafe abortion because of the fear of stigma. The study found that “abortion stigma is one of the major barriers to fully realizing the right to safe abortion.”³

Recommendation 159.137 focuses on the “implementation of the commitment made by Nepal at the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development” held in Cairo in 1994. It is essential for Nepal to uphold its voluntary obligations made at the ICPD+25 to guarantee the sexual and reproductive health rights of women and girls. After committing to the Nairobi Summit on the 25th anniversary of the International Conference on Population and Development held in Cairo in 1994, Nepal has implemented various programs and laws concerning Sexual and Reproductive Health and Rights (SRHR).⁴ The 2015 constitution of Nepal has recognized "Reproductive Health" as a fundamental right of women and girls. The government health centers provide essential health services such as reproductive health, family planning, safe abortion, and safe motherhood at no cost. Some provincial governments have started the “One School and One Nurse Program” to deal with adolescent health issues from the fiscal year 2019-20. Amidst the COVID-19 pandemic, the Government of Nepal (GoN) addressed gender-based violence and SRHR concerns by establishing helplines. BBCN too established toll 16600100046 free SRHR service at the government’s Paropakar Maternity and Women’s Hospital, Thapathali, Kathmandu.

Despite these notable achievements, studies show that “the status of adolescent sexual and reproductive health (SRH) in Nepal is alarming.”⁵ Early pregnancies, unsafe abortions, early births, maternal mortalities, and morbidities including obstetric fistula, reproductive tract infection, and Pelvic Organ Prolapse remain the major issues concerning SRHR in Nepal. In a recent study, Shrestha, and Wærdahl (2020, p 279.) state, “Despite several interventions, plans, and strategies, the health issues of adolescents are still a major public health concern more than 20 years after the first adolescent health strategy was released. Available services are not used to the extent that was expected.”⁶ According to Nepal Demography and Health Survey (NDHS, 2022), there has been a steady decline in the total fertility rate (TFR) in Nepal from 4.8 births per woman in 1998 to 2.1 births in 2022 (NDHS). However, teenage pregnancy is the highest in Karnali Province (21%), followed by Madhesh Province (20%), and lowest in Bagmati Province (8%). Girls aged 15-19 who belong to marginalized communities – Muslim (22%)

¹ CREHPA (2017). Fact Sheet: Abortion and unintended pregnancy in Nepal. Accessed from https://www.gutmacher.org/sites/default/files/factsheet/abortion-and-unintended-pregnancy-nepal_0.pdf

² Beyond Beijing Committee (BBC), International Network for the Reduction of Abortion Stigma in Nepal (INROADS) (2015). *The status of abortion stigma and its effect on women in Nepal*. Kathmandu: BBC Nepal

³ Beyond Beijing Committee (BBC), and Asian-Pacific Resource and Research Centre for Women (ARROW) (2019). *Abortion stigmatization attitudes and beliefs and its effect in accessing safe abortion service in Nepal*. Kathmandu: BBC Nepal

⁴ Namely, the National Reproductive Health Strategy, 1998, National Adolescent Health and Development Strategy, 2000 and implementation guidelines on National Adolescent Health and Development Strategy, 2007, Safe Abortion Policy 2003, National Adolescent Sexual and Reproductive Health 2011, National Health Sector Strategy 2016-2021, the National adolescent health and Development strategy 2018, Right to Safe motherhood and Reproductive Health Act 2018 and the regulation for the Act 2020, and Nepal Safe Motherhood and Newborn Health Programme Roadmap 2030

⁵ Napit, K., Shrestha, K.B., Magar, S.A. *et al.* Factors associated with utilization of adolescent-friendly services in Bhaktapur district, Nepal. *Journal of Health, Population, and Nutrition*, 39, 2 (2020). <https://doi.org/10.1186/s41043-020-0212-2>

⁶ Shrestha, Sunita and Wærdahl, Randi (2020). Girls’ access to adolescent friendly and reproductive health services in Kaski, Nepal. *Asia and Pacific Policy Studies*, 7(1). DOI: <https://doi.org/10.1002/app5.305>

and Dalit (21%) followed by Madhesi (14%) and Janajati (13%) – are more likely to start childbearing earlier than the dominant group (8%). Moreover, “women aged 15-19 with no education (33%) are more likely to start childbearing earlier than those with at least some secondary education (Ministry of Health and Population, New ERA, and IFC, 2022, p. 15).⁷ Concerning family planning, still, 21% of currently married women (age 14-49) have an unmet need for family planning services. “Fifty-seven percent (57%) of currently married women are currently using a contraceptive method. The use of contraceptives method is lowest among currently married Muslim women (33%). Therefore, 78% of currently married women have a demand for family planning.”⁸ Statistics show that “there are wide inequities across populations, geographic regions, and wealth quintiles in sexual and reproductive health indicators, with low-income hard-to-reach and ethnic populations the most adversely impacted.”⁹ Moreover, During COVID-19, existing inequalities were exacerbated.

The National Demographic Health Survey, 2022 also showed higher unmet needs for family planning services among Dalits (26%) and Muslim women (25%) aged 15-49. Though the infant mortality rate declined from 78 to 28 deaths per 1000 live births between the 1996 NFHS and the 2022 NDHS survey, the neonatal mortality rate is 21 deaths per 1000 live births, which did not change between 2016 and 2022. A recent study shows maternal mortality rate (MMR) is 151 per 100000 live births, with higher ratios in the Lumbini and Karnali provinces (207 and 107 per 100000 live births respectively).¹⁰ Moreover, “One in ten maternal deaths was among adolescent mothers. The majority of the deaths (57 percent) occurred in health facilities, whereas 26 percent occurred at home.”¹¹

The Ministry of Health and Population (MoHP) has upgraded 1355 health facilities to Adolescent Friendly Health Service (AFHS) across the country. Similarly, AFHS centers and corners have also been set up as health facilities in schools. However, utilization of those services is less than the country’s target. The major reason behind less utilization of AFHS is a lack of awareness about AFHS, and less effective implementation of the program. Community settings, the opening hours of AFHS, and the attitude of health workers, all together play a decisive role in service utilization and access.¹²

As for Comprehensive Sexual Education (CSE), the Ministry of Education’s National School Sector Development Plan (SSDP) from FY 2016/17 to 2022/23¹³, there is no specific policy or law that ensures the implementation of CSE. Moreover, the situation prevails in teachers who are teaching CSE without having any pre-service training.¹⁴ Furthermore, the optional subject

⁷ Ministry of Health and Population, Nepal, New ERA, and IFC (2022). *Nepal Demographic Health Survey, 2022: Key Indicators*. Kathmandu: Ministry of Health and Population, Nepal. Accessed from <https://dhsprogram.com/pubs/pdf/PR142/PR142.pdf>

⁸ Ibid.

⁹ ADRA Nepal, UNFA, UKaid and Ministry of Health and Population, Nepal (2020) <https://nepal.unfpa.org/sites/default/files/pub-pdf/factsheet-final.pdf>

¹⁰ MoHP, NSO. (2022, p. xvi). National Population and Housing Census 2021: Nepal Maternal Mortality Study 2021. Kathmandu: Ministry of Health and Population; National Statistics Office. Accessed from <https://mohp.gov.np/uploads/Resources/Nepal%20Maternal%20Mortality%20Report%202021.pdf>

¹¹ Ibid.

¹² Utilization of adolescent friendly health services and its associated factors among higher secondary students in mid-western Himalayan mountainous district of Nepal (2023). Accessed from <https://doi.org/10.1371/journal.pgph.0001616>

¹³ Accessed from <https://www.globalpartnership.org/node/document/download?file=document/file/2019-05-nepal-education-sector-plan.pdf>

¹⁴ UNFPA and the Government of Nepal (2014). *Review of Curricula in the context of Comprehensive Sexuality Education (CSE) in Nepal*. Accessed from https://nepal.unfpa.org/sites/default/files/pub-pdf/CSE_Nepal.pdf

of Environment, Population, and Health for Grade 9 and 10 students may limit young people's access to SRHR information. The local government's lack of ownership and accountability in the new political structure poses a challenge, with the SRHR program not being a high priority. The government's plans and policies regarding SRHR lack an intersectional and multisectoral approach, hindering progress.

The promotion of sexual and reproductive health and rights (SRHR) faces numerous challenges in Nepal. Skilled human resources and quality SRH services are limited in availability, affordability, and accessibility, with uneven distribution exacerbating the problem. Additionally, existing laws and policies lack effectiveness, and policy-making and planning need inclusiveness. The SRHR program also suffers from insufficient financial resources and inadequate budget allocation for initiation and expansion.

Finally, healthcare professionals' discriminatory attitudes and actions towards certain groups of people pose a significant challenge to the promotion of SRHR. Addressing these challenges is crucial for the realization of sexual and reproductive health and rights for all.

Based on the assessment, the current status of implementing the recommendations can be summarized as follows:

Implementation status of each recommendation

Recommendations accepted by Nepal	Implementation status
159.135 Decriminalize abortion and concretely protect the rights and sexual and reproductive health of women and girls (France)	Partially Implemented
159.137 Implement the commitment made at the Nairobi Summit on the twenty-fifth anniversary of the International Conference on Population and Development to ensure that marginalized groups are able to exercise their reproductive rights through universal access to quality family planning services, the upscaling of adolescent-friendly health services and the full integration of comprehensive sexuality education, consistent with the evolving capacities and needs of youth (Iceland)	Partially Implemented

The way forward

The Government should:

- Expand the Adolescent-Friendly Health Service (AFHS) throughout the country in a gender transformative manner for improving access and awareness of sexual and reproductive health and rights for teenage girls and boys.
- Revise and strengthen strategies to implement AFHS for effective utilization of AFHS among young people; take firm action to ensure stigma-free and youth-friendly, safe abortion services, and marriage equality and reduce gender-based violence in Nepal.
- Bring plans to educate and inform the community, especially women, girls and boys about SRHR laws and policies through a multisectoral approach to empower individuals to make informed decisions and create a supportive environment at the community level.
- Ensure accessible, affordable, and sustainable information and services related to sexual and reproductive health in local languages.

- Reverse the decision to offer the subject Environment Population and Health as an optional subject for Grades 9 and 10. Instead, it should be mandatory for all classes that include age-appropriate Comprehensive Sexuality Education (CSE).
- Improve hygiene and sanitation facilities in schools, including gender and disability-friendly toilets to ensure equal education and learning opportunities for girls,
- Allocate sufficient funds and expand access to SRHR services that are affordable, high quality, and free of stigma in order to reach underserved populations.
- Include value clarification and attitude transformation training in the pre-service and in-service training curricula of health service providers. This will help reduce stigma and provide services without judgment or prejudice towards women of all ages, marital status, and gender.¹⁵
- Encourage the local governments in investing in SRHR programs that address intersectionality issues and promote gender equality through policy-making. The GoN should formulate specific policies, regulations, and directives at the provincial and local levels to ensure safe and legal abortion services.
- *Remove abortion from the criminal code and instead mention it in the civil code to ensure that all women have the right to safe abortion. Additionally, the GoN should revise and amend the SMRHR Act to ensure legal abortion by decriminalizing it in all cases even if abortion is carried out after 28 weeks of gestation when there seems a health risk to the pregnant woman or her fetus.*
- Extend comprehensive safe abortion services in all seventy-seven districts of Nepal.

¹⁵ Beyond Beijing Committee (BBC), Asia-Pacific Resource and Research Centre for Women (ARROW) (2019). *Identifying barriers to accessibility and availability of safe abortion services among young women in Makwanpur*. Kathmandu: BBC Nepal