

Key Recommendations By Civil Society on Article 12 For Nepal's 7th Periodic Review Convention on Elimination of All Form of Discrimination Against Women (CEDAW)

Coordinated By:



Submitted By:



RECOMMENDATIONS

SAFE ABORTION

1. Medical Abortion (MA) self-care has been highlighted by Reproductive, Maternal, Neonatal and Child Health (RMNCH) guideline 2020 as well as Safe Abortion Services (SAS) program implementation guideline 2021, therefore, planning effective modes of delivery for expansion of MA self-care is recommended at all tiers of government with standard guidelines.
2. Amendment of the existing language used in the Safe Motherhood and Reproductive Health Rights (SMRHR) Act which uses terms like 'mother' into 'pregnant person', alongside acknowledgement that pregnancy is not exclusive to women as transmasculine and gender-diverse individuals who were assigned female at birth or intersex people could also get pregnant.
3. Decriminalize abortion at all cases by amending SMRHR Act and repealing provision of abortion from Penal Code including removing punitive measures against women and alignment of the SMRHR Act with the Penal Code.
4. Improve the capacity of local and provincial government in implementing abortion programs and ensuring the health facilities both public and private's readiness in providing SAS. Ensure extensive focus on increasing the number of trained healthcare providers, capacitating them in providing accessible and inclusive sexual and reproductive health services (SRHR), and increasing well-equipped service centers, particularly in areas where access to SAS is currently limited.
5. Empower women, particularly those experiencing intersecting vulnerabilities such as poverty or young age, along with their families and communities, by providing information and resources through initiatives like value clarification and attitude transformation programs, and integrating age-appropriate safe abortion content into comprehensive sexuality education (CSE) to enable women to seek abortion care earlier and access their desired services promptly, reducing the need for multiple facility visits or resorting to unsafe abortion practices.

MENSTRUATION

1. The State should encourage a joint review and monitoring mechanism for effective and dignified menstruation, ensured through a multi-sectoral integrated approach.

2. The State should invest in accessible, inclusive Menstrual Health Management (MHM)-friendly Water, Sanitation and Hygiene (WASH) facilities and ensure the availability of quality menstrual hygiene products in public spaces to combat period poverty. Enhance the capacity of service providers to deliver inclusive Sexual and Reproductive Health (SRH) services. Integrate menstrual health education into school curricula to capacitate teachers and students.
3. Conduct comprehensive research and data collection to identify gaps and challenges in menstrual health, ensuring evidence-based planning and interventions. Expand the indicators in the 16th Five-Year Plan to include broader aspects of dignified menstruation, such as discriminatory practices, awareness levels, inclusivity in services, WASH facilities in school, period poverty, etc.
4. The State must ensure that the quality of menstrual products that are manufactured, imported or distributed in Nepal meet the standards, and the quality of the sanitary pads freely distributed in schools are monitored.
5. The State must enforce ban on all forms of menstrual discrimination, backed up by a comprehensive national policy on dignified menstruation. Alongside legal measures, efforts should focus on strengthening the capacity of local law enforcement agencies, conducting awareness campaigns to reduce harmful stereotypes and bolstering community participation.

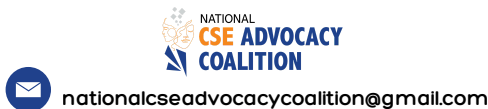
COMPREHENSIVE SEXUALITY EDUCATION

1. Incorporate an age-appropriate, gender transformative, adolescent-responsive and inclusive CSE as a compulsory subject at every grade.
2. Develop a CSE National Strategic Plan which guides the incorporation of evidence-based compulsory CSE curriculum, targeting adolescents and including marginalized groups.
3. Encourage the men and boys engagement in advocacy efforts for promoting importance of CSE and SRHR and empowering marginalized young girls and women.
4. Strengthen educational capacity with recruitment of qualified health or social studies educators, comprehensive teacher training, standardized materials, and support systems to improve CSE delivery in schools and communities. Develop and promote accessible IEC/teaching materials tailored to children and young people with disabilities to ensure inclusive CSE access.
5. Promote multisectoral collaboration, local ownership, and accountability through sensitization programs for policymakers, local authorities, and teachers.

ACCESS TO SRHR

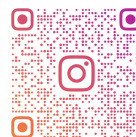
1. The state should strengthen orientation and capacity-building programs at local and provincial levels to ensure effective implementation of adolescent-friendly and disability-friendly SRHR guidelines. Additionally, targeted interventions should address barriers faced by marginalized groups, including adolescent girls, rural women, indigenous women, and LBT individuals, to ensure equitable access to essential services.
2. Deploy dedicated human resources for reproductive, maternal, newborn, and adolescent health to ensure the availability of essential services in rural and remote areas.
3. The State should integrate LBT (Lesbian, Bisexual and Transgender) friendly healthcare services, including ensuring equal access to adoption and surrogacy for same-sex couples and transwomen.
4. Develop climate-resilient SRHR services, by strengthening emergency response protocols, establishing mobile health units, ensuring continuous supply chains, etc. Enhance a comprehensive emergency preparedness system through strengthened coordination mechanism. Implement targeted programs to address the unique health and safety needs of women in climate-vulnerable regions.
5. The state should address institutional barriers by mandating women-friendly facilities in public spaces such as breastfeeding spaces in workplaces, sanitary facilities in schools, upgraded infrastructures in health care centers.
6. Formulate a clear regulatory provision for artificial reproduction and surrogacy services as part of healthcare.
7. Expedite the adoption of a comprehensive sexual and reproductive health (SRH) policy in line with Convention on the Rights of the Child (CRC) Committee recommendations.
8. Avail of clear information and user-friendly services delivered by well-trained providers. Ensure quality, availability, and affordability of family planning services/devices and place an emphasis on remote areas and people living with poverty and illiteracy. For instance, avail transportation facilities in remote places in order to ensure access to health facilities.

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