Fact Sheet
Sexual and Reproductive Health and Rights in Nepal

What are sexual and reproductive health and rights?

Sexual and reproductive health and rights (SRHR) imply that individuals are able to maintain good sexual and reproductive health and make decisions about their bodies free from stigma, discrimination or coercion. To support good sexual and reproductive health people need access to an essential package of sexual and reproductive health services and information including contraceptive services; maternal and newborn care; the prevention and treatment of HIV/AIDS; care for sexually transmitted infections (STIs) other than HIV; comprehensive sexuality education; safe abortion care; prevention, detection and counselling for gender-based violence; prevention, detection and treatment of infertility and cervical cancer; and counselling and care for sexual health and well-being.

Policy and legal provisions to advance sexual and reproductive health and rights in Nepal

- National Health Sector Strategy 2016-2021
- Safe Motherhood and Reproductive Health Act 2018
- Nepal Safe Motherhood and Newborn Health Programme Roadmap 2030

Sexual and reproductive health and rights context in Nepal

1 Lancet-Guttmacher Commission: “Accelerate progress—sexual and reproductive health and rights for all”.

MMR -239 per 100,000

3 women die every day during pregnancy and childbirth
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.

**Barriers to women and girls’ ability to protect and fulfil their sexual and reproductive health and rights**

- **INACCESSIBLE SERVICES, PARTICULARLY FOR REMOTE AND UNDERSERVED POPULATIONS**
- **SHORTAGE OF SKILLED HUMAN RESOURCES**
- **PERSISTENT DISCRIMINATORY SOCIAL AND GENDER NORMS AND HARMFUL PRACTICES**
- **WEAK POLICY IMPLEMENTATION AND ACCOUNTABILITY MECHANISMS**
- **UNSATISFACTORY QUALITY OF CARE**
- **WEAK LOGISTICS AND SUPPLY CHAINS**

**BARRIERS TO SRHR**

**Commitments to advancing sexual and reproductive health and rights**

Recommitment to the International Conference on Population and Development (ICPD) Programme of Action at the Nairobi Summit on ICPD25, 2019

- Achieve the three zeros: zero unmet need for family planning; zero preventable maternal death; zero gender-based violence and harmful practices, including child marriage.
- Ensure young people can exercise their SRHR by expanding adolescent-friendly services and comprehensive sexuality education (CSE).
- Ensure that the basic humanitarian needs of affected populations, including sexual and reproductive health care and gender-based violence prevention and response services, are addressed in humanitarian contexts.
- Put in place financing policies, instruments and structures to ensure the full implementation of the ICPD Programme of Action and the 2030 Agenda and Sustainable Development Goals (SDGs).
### Impacts of COVID-19

- **Existing inequalities exacerbated**
- **Inability to exercise SRHR increases**
- **Global supply chains disrupted**

### 2030 Agenda and the Sustainable Development Goals

#### SDG 3: Ensure healthy lives and promote wellbeing for all at all ages

**Target 3.1**
Reduce maternal mortality rate to 70 per 100,000 live births.

**Target 3.7**
Ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

#### SDG 5: Achieve gender equality and empower all women and girls

**Target 5.1**
End all forms of discrimination against all women and girls everywhere.

**Target 5.6**
Ensure universal access to SRHR as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action, and the outcome documents of their review conferences.
Success stories from the field

Harikala was happy when she heard Ramesh, her husband, was coming home. He was one of many migrants returning to Nepal from countries in the Gulf, including Saudi Arabia, as they tried to contain the COVID-19 pandemic; but she was also worried, with two children she had not planned to have anymore. As the days went by – as Ramesh spent the mandatory 15 days in a government quarantine facility – Harikala’s anxieties grew. She already knew about family planning – she had listened to programmes by the Family Planning Association of Nepal (FPAN) on the radio – and also knew that they held a weekly clinic in Dang District every Tuesday. Eventually she decided to call her husband and, after a discussion, they agreed that she should choose a family planning method best suited to her. The following Tuesday Harikala set out on foot for Dang – in the absence of public transport – a journey of more than two hours from her remote home in the village of Chaing.

Around one in four married women in Nepal have an unmet need for family planning – in spite of gains made in expanding services. For women like Harikala, who live in remote and underserved areas, the number of women who want to space or delay pregnancy, but are not using any modern method of contraception, is even higher. Inaccessibility to services is exacerbated by the inconsistent availability of the full range of modern contraceptives at health facilities and a shortage of skilled service providers, particularly to provide contraceptive services such as the insertion and removal of implants. The global public health crisis has also thrown up its own challenges.

Harikala was already wearing a face mask when she arrived at the gate of FPAN in Dang, where her body temperature was taken with a thermal gun. She was asked to maintain physical distancing with other clients until it was her turn. When she met with a provider from the mobile team they discussed the range of modern family planning methods available – and their effectiveness and possible side effects – and Harikala decided to have an implant inserted, which would prevent any unintended pregnancies for the next five years. This was done safely – and free of charge – with all COVID-19 infection and prevention control measures observed.

Harikala is now back at home – and her husband has also returned. The service provider in Dang told her to come back to the clinic if she experienced any side effects, but Harikala has not had any problems. For her family, and many like them in Nepal and around the world, times are challenging, but Harikala says at least she does not have to worry about an unintended pregnancy.

Through its flagship programme UNFPA Supplies, UNFPA Nepal has funded and deployed a total of five mobile teams – two family planning service providers per team – to the remote districts of Saptari, Jhapa, Dhanusha, Sarlahi and Dang, where both the availability of family planning services and the provision of the full range of modern contraceptive methods, including long-acting reversible contraceptives (LARCS) such as the implant, remain low. The UNFPA Supplies programme supported the expansion of these teams in the districts following the COVID-19 outbreak in Nepal.

While this approach is temporary – to immediately reach and provide family planning services, including LARCs, to hard-to-reach women and girls – given its initial success, UNFPA is advocating for its institutionalization into national sexual and reproductive health programmes.