



Gender-Responsive Financing to Strengthen Bodily Autonomy and Sexual and Reproductive Health and Rights : A Call to Action at Commission on the Status of Women (CSW) 68th Session



Key Message

This call to action is the outcome of provincial and national CSW consultations among civil society organizations in Nepal in February 2024. We, the Beyond Beijing Committee (BBC) Nepal, together with our network members and partners strongly urge leaders within the United Nations system, international agencies, engaged civil societies, private sectors, and heads of state and government to support the implementation of the recommendations outlined in the 'National Call to Action'. These recommendations aim to address gender-responsive financing system and mechanisms concerning sexual and reproductive health and rights (SRHR). We firmly believe that investing in SRHR is a crucial prerequisite for accelerating progress toward gender equality. By empowering women and girls to make decisions about their SRHR, such investments have the potential to significantly impact the transformation of existing gendered poverty.

Key Issues and Recommendations

1. Maternal Mortality

- Maternal mortality stands 151 per 100,000 live births, resulting in two maternal deaths every day during childbirth in Nepal.
- A majority of maternal deaths (61 percent) occur postpartum, with 33 percent during pregnancy and six percent during delivery.
- Lumbini and Madhesh provinces record a higher proportion of maternal deaths (47 percent), with one in ten occurring among adolescent mothers.
- Most maternal deaths (57 percent) occur in health facilities, with 26 percent taking place at home.
- Most maternal deaths are preventable and treatable.
- Forty percent of maternal deaths result from delayed access to healthcare services after arriving at health institutions.
- Women often face disrespect and abuse during childbirth within healthcare facilities.
- Existing gender and social inequalities are exacerbated during Disaster, which is impacting girls and women in different ways than it affects men and boys.

Recommendations

- Allocate sufficient resources to enhance access to high-quality maternal health care services, encompassing including pre and postnatal care, skilled attendance at birth and emergency obstetric care.
- Guarantee the availability, accessibility, and acceptability of quality maternal and newborn health services to all women, notably those from rural and marginalized communities.
- Direct funding to equip maternal and newborn healthcare facilities, especially in remote areas with limited access to maternity care.
- Ensure the effective implementation of the *Right to Safe Motherhood and Reproductive Health Act 2018* and *Nepal Safe Motherhood and Newborn Health Roadmap 2030* to ensure the healthy and wellbeing of mothers and newborns.
- Fully embrace and enforce the definition of skilled health personnel, as stipulated by SDG indicator 3.1.2 that entails competent maternal and newborn health (MNH) professionals should be educated, trained and regulated to both national and international standards.
- Secure financing to expedite the production and deployment of competent MNH professionals such as midwife, as outlined in the National Human Resources for Health (HRH) Strategy 2021-2030, Nepal.
- Ensure financing for improving accountability and good governance at all levels with improved capacity and more localized policy and actions to reduce maternal mortality.
- Ensure continuation of Inclusive Basic services like ANC, PNC, immunization services during Disaster and Pandemic and ensure women and newborns have access to skilled care at all times, including referral for the management of complications and for auxiliary services.

2. Access to contraception

- Twenty-one percent of currently married women have an unmet need for contraception, which is higher among Dalit (26%), and Muslim (25%) women, as well as among young women aged 15-19 (31%), those with a basic and secondary education, and those in the lowest wealth quintile.
- The right to choose contraception is not guaranteed at local health institutions. Only short-acting contraceptive methods are available, and the full range of contraception is not accessible.

Recommendations

- Invest in comprehensive sexuality education programs that offer accurate information and easy access to reproductive health including contraceptive to

adolescents, women, men, and couples. Allocate resources for the developing and distributing culturally appropriate educational materials and outreach activities.

- Allocate resources to build capacity of healthcare service providers, including doctors, nurses, midwives, and community health workers, in contraceptive technology.
- Invest in continuing professional development programs to keep service providers' knowledge and skills up-to-date in contraceptive technology and family planning counseling.

3. Access to Safe Abortion

- Abortion still remains one of the direct causes of maternal death in Nepal.
- Accessibility to safe abortion sites in rural areas is limited.
- The restrictive abortion provisions in the National Criminal Code and Right to Safe Motherhood and Reproductive Health Act 2018 lead to the prosecution of women and girls who undergo abortion beyond legal conditions.
- Unregulated private unsafe abortion sites result in an increase gender-biased sex selection and prenatal sex determination in favor of sons.

Recommendations

- Invest in training of human resources for safe abortion and increase the number of governments authorized safe abortion sites.
- Allocate resources for comprehensive post-abortion care services to manage complications arising from unsafe abortions and prevent maternal morbidity and mortality.
- Ensure post-abortion care includes emergency treatment, counseling, contraception counseling and provision, and follow-up care to prevent repeat unintended pregnancies and unsafe abortions.
- Fully decriminalize abortion in all cases and concretely protect the rights and sexual and reproductive health of women and girls by repealing abortion related provisions from the National Criminal Code.
- Regulate private unsafe abortion sites and make them accountable and increase awareness program on safe abortion.

4. Reproductive Morbidity

- Two-thirds of women aged 15-49 report experiencing at least one problem accessing healthcare.
- Four Nepalese women die every day from preventable and treatable cervical cancer. Nepal's incidence rate of cervical cancer, at 16.4 per 100,000 women, is nearly four times higher than the WHO's desired target of 4 per 100,000 women to eliminate the public health issue of cervical cancer.
- Four to 16 percent of Nepalese women are suffering from varying degrees of pelvic organ prolapse-, and around 200-400 Nepalese women develop obstetric fistula annually.
- Absence of specific law or strategy to immediately address and provide life-saving sexual and reproductive health services for girls and women during humanitarian crises or natural disasters.
- Lack of dedicated human resources for sexual, reproductive, maternal, newborn and adolescent Health (SRMNAH).

Recommendations

- Allocate sufficient resources for the integration maternal and newborn health services into universal health coverage initiatives, ensuring that maternal and newborn health is prioritized in health financing schemes, health insurance programs, and benefit packages. Ensure maternal and newborn health services are accessible to all women, irrespective of socio-economic status and/or geographic location.
- Raise awareness to prevent unwanted pregnancies and unsafe abortions by ensuring the right to choose from a full range of contraception at local health institutes and by providing high-quality care during birth and the postnatal period.

- Invest in ensuring the availability of dedicated human resources and improve accountability for SRMNAH, such as midwives, at all levels.

5. Gender-based Violence

- One out of every four Nepalese women and girls' experiences gender-based violence, a severe form of gender inequality that significantly impedes the nation's ability to achieve sustainable development for all.
- The median age at first marriage is 19 years, with males typically marrying at 21 years and females at 18 years.
- In 2023, 20,880 cases of gender-based violence were recorded, with 16,519 being related to domestic violence. On average, seven Nepalese girls and women were raped every day.
- One in three married Nepalese girls had experienced sexual violence from their husbands, while one in six reported physical violence.
- Most forms of exclusion have their roots in gendered socio-economic political structures and power inequalities triggered by discriminatory harmful norms and practices. Deep-rooted gender discrimination and inequality, which devalue daughters, have led to an increase in gender-biased sex selection (GBSS) and prenatal sex determination in favor of sons.
- Girls often face the detrimental effects of child marriage, including forced initiation into sex, deteriorating reproductive health, child labor, and denial of fundamental rights such as education and economic opportunities. Gender stereotype persist within law enforcement agencies and among key service delivery stakeholders.
- Gender based violence exists within the digital paradigm as well, and is spreading online alongside the expansion of the internet and technology.

Recommendations

- Ensure a multi-sectoral approach involving government agencies, civil society, and communities working together to protect the rights and futures of young Nepalese by gender transformative programming around social norms and behavior change especially for long term gains.
- Empower girls through education by providing incentives to families to prioritize schooling over early marriage and invest in enhancing access to sexual and reproductive health services, provide psychosocial counseling, and support married girls in navigating economic opportunities. Address the gender gap in education and technology through investing in resilient, inclusive education systems that are safe, for women and girls, person with disabilities.
- Demand for strong actions from all government, civil society, development partners including UN to address barriers of women to access resources, education, and economic empowerment for pave the way for creating a more equitable society, where individuals of all genders can harness their potential and unlock a transformative force that propels sustainable development.
- Develop a comprehensive strategy, in consultation with children, survivors of child abuse, and relevant community stakeholders, to effectively combat child marriage in Nepal and guarantee survivors of child marriage and gender-based violence access to essential services, such as healthcare, legal assistance, counseling, and secure shelters, by investing in the expansion and enhancement of support networks and referral mechanisms to facilitate easier access to these services.
- Equitable access to gender-responsive social protection system and mechanisms has a significant impact on women's and girls' empowerment and equality, and without gender-sensitive design can exacerbate the intersecting forms of discrimination women and girls face and push women further into poverty.
- Allocate sufficient resources for prevention, protection, and support services for survivors and ensure that sexual and reproductive health is integrated into national gender equality law, policies, and GBV Elimination Fund to ensure that efforts and responses are gender responsive and do not further discriminate and exclude individuals from services.
- Combat the gendered impact of climate change on health, in particular through removing obstacles to the criminalization, prevention of child marriage and SGBV (Sexual and Gender Based Violence) exacerbated by climate impacts, and investing in resilient health systems that enable continuity of essential maternal and reproductive health services before, during and after climate shocks, conflicts and other health emergencies.
- Put in place measures for safer workspaces for women, including for women with disabilities in formal and informal setting including mining, farming, and marketing sector.

- Develop and effectively implement evidence-based national strategies, policies and programs in addressing son preference, gender inequality and GBSS and invest in capacity building of women and adolescents for their meaningful participation in public and political life and implement policies for affirmative actions.
- Develop systems and mechanisms with improved capacity at all levels to ensure accountability and gender justice and empowerment of women and girls including tackling cyber and internet proliferated gender-based violence.

Our Urges to All

In light of the facts and issues mentioned above, it is evident that substantial discrepancies exist between the law and its actual implementation. The sexual and reproductive health and rights of girls and women are not just individual health concerns; they are vital for the sustainable development of nations. As we gather for CSW68 at the United Nations, our advocacy focuses on "Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective." This goal can only be achieved through financing aimed at establishing and strengthening institutional mechanisms and healthcare systems that cater to women's and girl's needs. This includes ensuring universal access to SRHR and gender equality, as outlined in international agreements such as CEDAW, BPA, ICPD, the 2030 Agenda for Sustainable Development, and national commitments. Furthermore, we urge global community to promote policies and practices that empower, protect women and remove all obstacles to inclusion of women and girls, LGBTQI and excluded genders and communities, persons with disabilities in the economic, social and political spheres; put in place a holistic and integrated approach in health, education and livelihoods and recognizing the diversity of all persons and the intersecting nature of gender and other inequalities; support the implementation of SDG5 through financial investments in gender equality; and enhance global commitment to social protection.

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