



# Joint Submission to The Universal Periodic Review of Nepal

**51<sup>st</sup> Session of the UPR Working Group of the Human Rights Council**

*Report on Nepal's Compliance with its Human Rights Obligations in the Area of  
Sexual and Reproductive Health and Rights*

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**Submitted by**

**Center for Reproductive Rights (CRR)**

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**Reproductive Health Right Working Group (RHRWG)**

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REPRODUCTIVE  
RIGHTS



**RHRWG**  
Reproductive Health Rights Working Group  
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1. In accordance with the Human Rights Council Resolution 5/1, the **Center for Reproductive Rights** (Center), an international non-governmental organization (INGO) dedicated to using the power of law to advance reproductive rights as fundamental human rights around the world and with presence in Nepal, **Forum for Women, Law and Development** (FWLD), a Nepal based NGO committed to protecting, promoting, and ensuring the enjoyment of human rights, **Youth Led Sexual and Reproductive Health Rights Advocacy Nepal** (YOSHAN), a Nepal-based NGO working on adolescents' Sexual and Reproductive Health Rights and members of **Reproductive Health Right Working Group** (RHRWG), a 17 member coalition advocating for rights based approach to reproductive health and rights, hereby present this joint submission.
2. This submission was prepared for the 51<sup>st</sup> session of the Universal Periodic Review Working Group of the Human Rights Council. It focuses on critical aspects of sexual and reproductive health and rights, specifically addressing 1) persistent legal and procedural obstacles hindering access to safe abortion services and conditional criminalization of abortion, 2) the detrimental impact of criminalizing consensual and non-exploitative sexual relationships among adolescents of similar age (hereinafter "age mate consensual and non-exploitative sexual relationships" as contextually used in-country) on sexual and reproductive health and rights (SRHR) access, 3) the need for comprehensive sexuality education and implementation gaps, 4) respectful maternity care and 5) SRHR in the context of humanitarian settings.

**UPR 3<sup>rd</sup> Cycle Recommendations on SRHR at the 37th Session of  
Human Right Council**

Recommendations	Recommending State	Status	Reference	Implementation Status
<b>159.135 Decriminalize abortion and concretely protect the rights and sexual and reproductive health of women and girls.</b>	France	Supported	A/HRC/47/10/ Add.1 - Para.6	Not Implemented Yet
<b>159.137 Implement the commitment made at the Nairobi Summit on ICPD25 to</b>	Iceland	Supported	A/HRC/47/10/ Add.1 - Para.6	In the process of implementation

**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.**

### **New Achievements**

3. Since its last UPR review in 2021, the Government of Nepal adopted three guidelines relating to SRHR: **Adolescent-Friendly Health Service Operation Guidelines**, 2022; **Guidelines Regarding Disability-Friendly Reproductive Health and Safe Motherhood Services**, 2022; and **Safe Abortion Service Program Management Guideline**, 2021.
4. Nepal's **Gender Equality and Social Inclusion Strategy in the Health Sector**, adopted in 2023, aims to encourage the use of maternal, child, and free reproductive health services<sup>1</sup> by prioritizing underserved areas for skilled birth attendants; incentivizing female health workers; increasing demand for institutional deliveries among marginalized women via awareness and outreach; and discouraging gender-biased sex-selective abortions while promoting safe abortion access.
5. In 2025, the Reproductive Health Coordination Committee held its first meeting to develop the working procedure required for its operation. Although the committee was established in 2020, under the Safe Motherhood and Reproductive Health Rights Act, 2018 (SMRHR Act),<sup>2</sup> to provide necessary recommendations to the Government of Nepal for developing policies, plans, and programs relating to safe motherhood and reproductive health,<sup>3</sup> and it remained inactive. Furthermore, few local authorities including Godawari Municipality of Kailali district have enacted local Safe Motherhood and Reproductive Health Right Act which has ensured right to reproductive health and its prioritization during every phase of crisis.

## Navigating Rights and Realities: Right to Safe Abortion in Nepal

6. Treaty Body Mechanisms have consistently urged the government of Nepal to uphold and guarantee right to safe abortion as a core component of the pregnant person's human rights. In 2018, the CEDAW Committee recommended that Nepal amend the SMRHR Act to “fully decriminalize abortion in all cases”<sup>4</sup>. The Human Rights Committee has reaffirmed that States have a duty to ensure that women and girls do not have to undertake unsafe abortions as part of preventing foreseeable threats to the right to life.<sup>5</sup>
7. The Government of Nepal supported a recommendation received from France during its 3<sup>rd</sup> cycle of Universal Periodic Review (UPR) in 2021 “to decriminalize abortion and concretely protect the rights and sexual and reproductive health of women and girls”. However, this recommendation has not yet been implemented: no concrete steps have been taken by the government to amend the SMRHR Act to decriminalize abortion and to remove abortion-related provisions from the National Penal Code 2017.
8. Nepal's Constitution guarantees safe motherhood and reproductive health rights, further elaborated by the 2018 SMRHR Act. This law permits abortion on request for up to 12 weeks with the pregnant woman's consent.<sup>6</sup> Beyond this, abortion is criminalized except in specific cases up to 28 weeks: danger to the woman's life or health, rape or incest, HIV infection or incurable disease, and fetal impairment.<sup>7</sup> Abortion beyond these limits<sup>8</sup> or by unapproved providers or providers not listed by the government is also criminalized.<sup>9</sup> Despite the constitutional guarantee and conditional legal recognition, the SMRHR Act 2018 read with the National Penal Code 2017 (Penal Code) imposes a penalty of imprisonment of up to five years and a fine not exceeding fifty thousand rupees (approximately US\$500) for a pregnant woman undergoing an abortion and health service providers for providing abortion services beyond these legal grounds.<sup>10</sup>
9. The criminalization of abortion leads to unsafe abortion practices and deter women from accessing post abortion care services, posing a serious risk to their health and lives.<sup>11</sup> Due to the criminalization of abortion, prosecution and punishment too are being primarily targeted at women and girls.<sup>12</sup> They continue to bear the brunt of criminalization, including being charged as offenders in cases considered as illegal abortions. For instance, recent Nepal Police data demonstrates that almost half of those charged for illegal abortion are women themselves.<sup>13</sup> This reinforces serious concerns about the legal and societal treatment of individuals facing unwanted pregnancies outside the legal abortion framework in Nepal, indicating a punitive approach that could be re-traumatizing those already in crisis.
10. Legal ambiguity and inconsistencies remain: the Penal Code has no gestational limit for abortions to save a woman's life or health, in cases of fetal impairment, or for women with HIV or incurable diseases,<sup>14</sup> unlike the SMRHR Act's 28-week limit.<sup>15</sup> For rape and incest, the SMRHR Act allows abortion up to 28 weeks,<sup>16</sup> while the

Penal Code only permits it up to 18 weeks.<sup>17</sup> This legal conflict confuses women seeking abortion, service providers, and law enforcement, which could result in interpretations which deprive women from accessing abortion services and hinder women from exercising their rights to health, life and bodily autonomy.<sup>18</sup> Likewise, despite the SMRHR Act ensuring abortion access up to 28 weeks,<sup>19</sup> its inconsistent application to minors impregnated through sexual assault constitutes a grave violation of their rights, compelling them to endure traumatic childbirth and inflicting severe physical and psychological damage.<sup>20</sup> The case in the text box below clearly demonstrates this.

*A 12-year-old girl from a poor family in Achham, Nepal, became pregnant after being repeatedly raped by a relative while she was living with her parents in India. The pregnancy was discovered when her father took her to a hospital for a swollen abdomen after they came back to their village in Nepal. Due to the advanced stage of pregnancy (over 28 weeks by then), both local Bayalpata Hospital and District Hospital Mangalsen refused to perform an abortion, citing legal limitations in Nepal. This forced the child to continue the pregnancy, at great risk to her physical and mental health. The girl was kept under the protection of a local One-Stop Crisis Management Center, and subsequently forced to give birth, experiencing significant health risks associated with immature childbirth, including precarious physical and mental health, malnourishment, and potential future reproductive health complications. Upon birth, the baby also required NICU care. The girl now faces the societal implications and distress of raising a child born from rape in her community, compounded by the fact that the accused remains at large, despite police reports filed.*

11. According to a recent study, 52% of abortions in Nepal were found to be unsafe as per national standards and guidelines, as they are performed in non-listed facilities, non-listed providers, outside facility and other methods not approved by the government, which also may not fulfill the WHO's criteria of safe abortion.<sup>21</sup> The rate of unintended pregnancies resulting in induced abortion is 53.3%.<sup>22</sup> A 2016 Nepal Demographic and Health Survey (NDHS) in Nepal highlighted a significant lack of awareness among women aged 15-49 regarding abortion laws. Fewer than half knew abortion was legal, and fewer than a quarter were aware it was permissible for any reason within the first 12 weeks of pregnancy. Of the half of those who knew that abortion is legal, only 48% knew where to obtain safe services. Notably, neither the 2022 NDHS nor any other recent relevant studies gathered this critical data on abortion awareness and access, raising concerns with regard to the government's efforts to systematically monitor barriers to accessing abortion.
12. The 2022 NDHS showed that 21% of currently married women aged 15–49 have an unmet need for family planning, which is highest among young women aged 15–19 (31%).<sup>23</sup> This shows the importance of increasing access to information and



services on contraception and safe abortion among women and girls<sup>24</sup> and decriminalization of family planning services, including abortion. The conviction of a minor girl for using abortion pills bought from a local pharmacy as recently as in 2025<sup>25</sup> starkly demonstrates the damaging consequences of criminalizing abortion for women and girls in Nepal (see box below). This legal action directly contradicts the constitutional guarantee of reproductive health as a fundamental human right and creates a significant barrier to its realization.

*A minor girl who was pregnant experienced bleeding and severe abdominal pain after she had been carrying a heavy load in the morning. Seeking relief from the pain, she visited a local pharmacy, and took medication for a stomachache. Because of continued pain, she sought medical attention at a health facility later that same day, where she experienced a stillbirth. The police were alerted to this case, and found a medical abortion pill packet at her home, though no direct evidence that she had taken them. Medical personnel could not indicate whether the stillbirth could have been caused by taking abortion pills or caused by the heavy lifting. Despite only circumstantial evidence, the minor was criminally charged, and FWLD provided legal counsel and represented her at the Bajura District Court, which convicted her for using medication abortion pills beyond the legally permissible gestational period. She has since been released and returned home after serving a reduced sentence and paying a minimal fine.*

**Case Number 080-C1-0028, Bajura District Court, Conviction Decision  
Number 58, Sentencing Decision Number 8  
Date of Certification of Judgment: May 2, 2025**

13. The World Health Organization's (WHO) Abortion Care Guidelines, published in 2022, sets out that "Decriminalization means removing abortion from all penal/criminal laws, not applying other criminal offences (e.g. murder, manslaughter) to abortion, and ensuring there are no criminal penalties for having, assisting with, providing information about, or providing abortion, for all relevant actors".<sup>26</sup> It clearly states that forced or coerced abortion would constitute a serious assault.<sup>27</sup>

### **Evolving Capacity of Adolescents and Decriminalization of Age mate Consensual and Non-exploitative Sexual Relationships Among Adolescents below 18 Years**

14. The National Penal Code 2017 establishes the age of consent at 18, stating that when a man has sexual intercourse with a girl below eighteen years of age, it is rape, with or without their consent.<sup>28</sup> While intending to protect children from sexual abuse, the law inadvertently criminalizes adolescents' consensual sexual relationships, without any nuance, and is also often used to justify the denial of young people's right to sexual and reproductive health services and information.

Notably, the Code does not include any age-related exceptions, and the age of criminal responsibility is set at 10 years old.<sup>29</sup>

15. The law has disproportional impacts on different groups of adolescents. The data<sup>30</sup> shows that 437 boys between 11-18 were prosecuted under various pretexts of sexual violence in FY2023/24. Criminalization of consensual sex between adolescents of similar age reinforces prevalent societal norms and values, with adolescent girls especially bearing the brunt of its consequences. A study on the impact of criminalization among adolescents in Nepal, for instance, shows that adolescent girls faced various forms of violence and restrictions in the home, including having their mobility restricted and being barred from expressing their feelings and their sexuality.<sup>31</sup> It severely affects their educational opportunities: expulsion from school is a common punishment for adolescents engaging in consensual sexual activity, forcing them to change schools.<sup>32</sup> Many adolescent girls reported suffering from psychological stress, anxiety and isolation<sup>33</sup> due to parental disapproval and the stigma they face, sometimes leading to suicidal thoughts.<sup>34</sup> Often, marriage is regarded as necessary, particularly for girls because of prevalent societal norms, when adolescent girls and boys are found to have been engaged in sexual conduct.<sup>35</sup>
16. Additionally, this rigid legal framework has a disproportionate impact on adolescent girls' access to SRHR, serving to reinforce stigma and ultimately undermine their rights and well-being. Criminalization perpetuates stigma and deters adolescent girls from accessing sexual and reproductive health services, including to contraceptives, safe abortion services, post abortion care services and related information because of fear of prosecution, thereby jeopardizing their well-being and increasing their vulnerability to serious harm.<sup>36</sup> It pushes adolescents into the criminal justice system and infringes on their human rights, including dignity and privacy.<sup>37</sup>
17. Despite this legal stance, data suggests that adolescents need access to information to explore their sexuality and adopt safe sexual behaviors. The 2022 NDHS showed 9% of women aged 25–49 had their first sexual intercourse by age 15,<sup>38</sup> increasing to 47% of women having sexual intercourse by age 18,<sup>39</sup> and that 14% of women aged 15 – 19 had ever been pregnant.<sup>40</sup> In a study conducted in Kathmandu metropolis among 609 students aged 10 – 19, 14% were found to have been involved in sexual activity.<sup>41</sup>
18. As a signatory to the UN Convention on the Rights of the Child (CRC), Nepal is obligated to reconcile the need to protect adolescents from sexual violence and abuse with a greater recognition of their evolving capacities and bodily autonomy, as outlined in the CRC's principles.<sup>42</sup> The CRC Committee's General Recommendation No. 20 asserts that non-exploitative, consensual sexual behavior among adolescents of similar ages should not be subject to criminalization and reminds State parties to balance protection and evolving capacities when determining the legal age for sexual consent.<sup>43</sup> Nepal has also ratified the Optional

Protocol on the sale of Children child prostitution and child pornography, and the guideline regarding its implementation states that “States parties should not criminalize adolescents of similar ages for consensual sexual activity.”<sup>44</sup>

19. The Constitution of Nepal guarantees right to live with dignity<sup>45</sup> and right to privacy<sup>46</sup> along with right to reproductive health as a fundamental right,<sup>47</sup> which is further supported by the SMRHR Act, which explicitly grants adolescents the right to education, information, counseling, and services related to sexual and reproductive health.<sup>48</sup> However, the criminalization of consensual, and non-exploitative sexual activity between adolescents of similar ages undermines these commitments. This approach is inconsistent with Nepal's constitutional and legal obligations. Therefore, to ensure that adolescents in Nepal can enjoy their SRHR without heightened stigma and threat of legal consequences, the state should ensure that the laws are consistent with their rights to health and privacy<sup>49</sup> and develop legal frameworks that promote development of adolescents,<sup>50</sup> leading to healthier and empowered youth communities.

### **Respectful Maternity Care**

20. The Constitution of Nepal guarantees the right to live with dignity<sup>51</sup>, equality<sup>52</sup>, and freedom from discrimination.<sup>53</sup> Despite these fundamental rights, women in Nepal often experience violence, abuse, and discrimination during both prenatal and postnatal periods, effectively being denied their right to respectful maternity care. The key components of respectful maternity care include freedom from harm and mistreatment; confidentiality and privacy; dignified care; informed consent before any procedure; access to family and support; right to choice and make decisions; care from competent and skilled human resources.<sup>54</sup>
21. The 2021 Health Facility Survey Report<sup>55</sup> showed that 1% of postpartum women have been subjected to physical abuse, 6% reported discriminatory behavior on the part of facility staff, and 23% said that the staff scolded them or treated them disrespectfully. Another 2021 study, conducted in Pokhara, Nepal, revealed a concerning high rate of disrespect and abuse reported during facility-based childbirth, with an overall prevalence of 70.1%.<sup>56</sup> This indicates that a significant majority of women experienced mistreatment during this critical period.
22. A 2021 cross-sectional study on childbirth experiences in Eastern Nepal<sup>57</sup> on childbirth experiences revealed that all participating women reported experiencing at least one form of disrespect and abuse during labor and delivery. The most prevalent categories were non-consented care (100%), non-dignified care (72.2%), and non-confidential care (66.6%). Over a third of the women surveyed (35.6%) reported experiencing abandonment or neglect during their care. Physical abuse, including acts like beating, slapping, pinching, and rough handling, was reported by 12.23% of the women in the study.



23. The high prevalence of disrespect and abuse during childbirth in Nepal starkly violates women's fundamental right to respectful maternity care during the critical prenatal and postnatal periods. Addressing these systemic issues is crucial to upholding their dignity, ensuring positive health outcomes, and honoring their constitutional rights.
24. Various additional studies have demonstrated that instances of disrespect and abuse can adversely affect maternal and newborn health, including postpartum hemorrhage, physical injuries, psychological impact such as post-traumatic stress, suicidal tendency and helplessness.<sup>58</sup> Studies have also highlighted the need for international guidelines and norms on respectful maternity care with goals to providing a woman with positive maternity care experience.<sup>59</sup>

### **Comprehensive Sexuality Education (CSE) Implementation Gaps**

25. Comprehensive Sexuality Education (CSE) has been proven to be an effective tool for empowering young people by providing age-appropriate comprehensive information about SRHR, which enables them to exercise bodily autonomy and live healthy lives.<sup>60</sup> In Nepal, for students in grades 4 through 8, CSE is integrated into the compulsory subject "Health, Physical Education, and Creative Arts." However, the subject "Health, Population, and Environment," which covers CSE issues, is optional at the secondary education level, including grades 9 and 10.<sup>61</sup> This optional access to CSE leads to diluting the curriculum and significance, limiting students' access and undermining its effectiveness. Additionally, the curriculum focuses solely on biological aspects and does not incorporate a human rights perspective.<sup>62</sup>
26. Another concerning gap is the scarcity of trained and sensitized teachers delivering CSE<sup>63</sup> and skipping already limited topics such as the reproductive system, puberty, and menstruation incorporated in school curricula, leaving young people without crucial knowledge and information.<sup>64</sup> Due to shortage of CSE that emphasizes life skills, adolescents in Nepal face a variety of difficulties. Many young people, especially adolescents, are given confused and contradictory information. Hence, there is a growing demand for reliable information that prepares them for a safe, productive, and fulfilling life.<sup>65</sup>
27. Access to CSE for out-of-school children and adolescents is another key barrier to the enjoyment of right to education<sup>66</sup> guaranteed by the Constitution of Nepal and the Act relating to Children 2018.<sup>67</sup> The majority of out-of-school children at primary, lower and upper secondary level are girls.<sup>68</sup> Efforts to address this has been fragmented and limited both in outreach and comprehensiveness.<sup>69</sup>
28. Young people face several challenges to the sexual and reproductive health. First, data demonstrates an unmet need amongst adolescents of sexual and reproductive health services. Second, adolescents lack information and awareness about the

sexual and reproductive health services available in health centers, and therefore do not seek them out.<sup>70</sup> Finally, when they do seek out services at health facilities, there is limited availability of sexual and reproductive health commodities such as contraceptives, pregnancy test kit, and menstrual hygiene kits, among others, which deters them from seeking out such services again.<sup>71</sup>

29. There is a high prevalence of teenage pregnancy in Nepal<sup>72</sup>, with 14% of women aged 15-19 having experienced pregnancy. This is further underscored by the fact that 10% in this age group have already had a live birth, and 2% have faced pregnancy loss. These figures collectively underscore a critical need for targeted interventions to improve awareness and knowledge related to sexual and reproductive health across different age groups and health domains in Nepal. Notably, the rate of ever being pregnant among 15–19-year-old women dramatically differs depending on educational attainment, from 33% among those with no education to just 8% among those with a secondary education, underscoring the important impact of girls' education.
30. UN Treaty Monitoring Bodies have emphasized that States must ensure that adolescents have full access to evidence-based information and education on SRH, regardless of their marital status or parental or guardian consent, with respect for their privacy and confidentiality.<sup>73</sup> Such information must be provided in a manner consistent with the needs of the individual and the community, taking into consideration, for example, age, gender, language ability, educational level, disability, sexual orientation, gender identity, and intersex status.<sup>74</sup>
31. This highlights the urgent need for effective implementation of Comprehensive Sexuality Education (CSE) in Nepal. By equipping adolescents with accurate information about sexual and reproductive health, contraception, and safe abortion, CSE can empower them to make informed choices, reduce the high rates of teenage pregnancy, and ultimately improve their overall well-being.

### **Sexual and Reproductive Health and Right in Humanitarian Settings**

32. Given Nepal's high vulnerability to natural disasters like floods, landslides, and earthquakes,<sup>75</sup> disregard for sexual and reproductive health and rights (SRHR) during these humanitarian crises poses significant risks. Overlooking SRHR in emergencies can lead to preventable maternal and newborn deaths, unsafe abortions, sexual violence, unwanted pregnancies, and the spread of sexually transmitted infections, including HIV.<sup>76</sup> Therefore, integrating SRHR as an essential component of humanitarian response is crucial to safeguarding the health and well-being of affected populations, particularly women and girls.
33. Despite the evident need, Nepal's existing legal framework, including the SMRHR Act, the Disaster Risk Reduction and Management Act 2017, and the Public Health

Service Act 2018, demonstrates significant gaps in ensuring SRHR services during humanitarian situations. The Disaster Victim Rescue and Relief Standard (7th Amendment) 2020<sup>77</sup> and the Monsoon Preparedness and Response Plan 2024<sup>78</sup> also lack specific provisions for comprehensive SRH services beyond prioritizing pregnant women in relief distribution and providing dignity kits. This absence of clear mandates and prioritized actions in disaster preparedness and response plans leaves SRHR needs unmet during critical times. Apart from the enactment of a few local-level laws, which provision the right to reproductive health and its prioritization during every phase of crisis situation,<sup>79</sup> it has not been reflected in federal laws and policies.

34. Nepal's recent experiences with major disasters since 2018, such as the Melamchi flood and the Jajarkot earthquake, underscore the urgent need to address these legal and policy gaps. The government's lack of reporting on steps taken to ensure SRHR services during these events further highlights the inadequate attention given to this crucial aspect of humanitarian prevention and response. As international human rights law, including the International Convention on Economic, Social and Cultural Rights, applies to all contexts, including humanitarian settings,<sup>80</sup> Nepal must ensure universal access to a full range of quality SRH care in such settings without discrimination. Therefore, a systematic integration of human rights standards into all aspects of SRHR service delivery within the SMRHR Act and disaster management frameworks is essential to protect the rights and health of women and girls during and after disasters.

### **Suggested Advance Questions to the Government of Nepal by Member States**

We encourage Member States to articulate their concerns considering the Government of Nepal's fundamental obligation, as a signatory to core international human rights treaties and as enshrined within its national legal and policy frameworks, including Nepal's Constitution and the SMRHR Act, to respect, protect, and fulfill reproductive rights as fundamental human rights. We urge Member States to raise with the Government the following questions:

- What measures are being undertaken by the government to fully decriminalize abortion, including amending the SMRHR Act and removing abortion-related provisions from the National Penal Code 2017? How will the government ensure that no women are prosecuted and imprisoned under any circumstances for seeking and undergoing abortions?
- What measures has the State party taken to decriminalize age-mate consensual and non-exploitative sexual activity between adolescents under 18 years while continuing to implement existing legal mechanisms to protect adolescents from sexual violence?

- What measures are in place to guarantee respectful maternity care across all health facilities, upholding women's rights during childbirth, and what specific steps are being taken to achieve positive health outcomes and eliminate mistreatment in maternity care?
- Given SRH education guarantees and knowledge gaps, what nationwide strategies ensure that accessible, age-appropriate SRH information and services reach all women and adolescents, especially those historically and currently marginalized based on age, disability, socioeconomic status, geographic location and gender identity?
- What specific measures have the government taken to ensure that the CSE being provided is rights-based, age-appropriate and effectively implemented, including by providing CSE courses consistently at the secondary level and for out-of-school children and young people, and having trained, sensitized and qualified teachers in place?
- Given Nepal's disaster vulnerability and SRHR risks in crises, what steps has the government taken to integrate comprehensive SRHR services into the SMRHR Act, and related laws such as the Disaster Risk Reduction and Management Act 2017 and Public Health Service Act 2018, disaster policies, and response plans to protect all affected individuals, especially women and girls during humanitarian settings?

### **Proposed Recommendations to the Government of Nepal by Member States**

Building upon previous recommendations from the UPR and UN treaty bodies to the Government regarding the implementation of measures that guarantee women's and girls' access to quality sexual and reproductive healthcare, we the Member States to consider making the following recommendations.

- Take immediate steps to decriminalize abortion in all cases by amending the SMRHR Act to remove all the grounds acting as barriers to accessing abortion, and by repealing abortion-related provisions from the National Penal Code 2017 to ensure neither women nor health services providers are prosecuted.
- Review and amend the National Penal Code (2017) to decriminalize age mate consensual and non-exploitative sexual activity between adolescents below 18, in keeping with the principles outlined in the UN Convention on the Rights of the Child, and ensuring the rights and well-being of adolescents, including through the provision of SRHR information and services.
- Implement comprehensive measures to ensure key components of respectful maternity care are implemented during prenatal and postnatal maternity care in all health facilities to eliminate violence and discrimination.

- Integrate age-appropriate, rights-based CSE as a mandatory part of school curriculum at all levels, including secondary school and for out-of-school children and youth, and train teachers to effectively deliver the curriculum; and expand community outreach, in order to address the unmet need for family planning, eliminate early and child marriages and reduce adolescent pregnancy.
- Integrate comprehensive SRHR services into all disaster preparedness and response frameworks, including the SMRHR Act, Disaster Risk Reduction and Management Act, and relevant policies, as essential services in humanitarian settings.

If you have any questions or would like further information, please contact:

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- <sup>1</sup> Objective 2.3.29, Gender Equality and Social Inclusion Strategy in the Health Sector, 2023
- <sup>2</sup> Safe Motherhood and Reproductive Health Rights Act 2018 [hereinafter SMRHR Act] available at <https://reproductiverights.org/sites/default/files/2020-01/Safe%20Motherhood%20and%20Reproductive%20Health%20Rights%20Act%20in%20English.pdf>
- <sup>3</sup> *Id.*, Sec. 24.
- <sup>4</sup> Committee on the Elimination of Discrimination against Women, *Concluding Observations: Nepal*, paras. 38(b), 39(b), U.N. Doc. CEDAW/C/NPL/CO/6 (2018) [hereinafter CEDAW Committee]
- <sup>5</sup> Human Rights Committee, *General Comment No. 36: On the right to life* (Art. 6 of the International Covenant on Civil and Political Rights), para. 8, U.N. Doc. CCPR/C/GC/36 (2018) [hereinafter Human Rights Committee, Gen. Comment No. 36]
- <sup>6</sup> SMRHR Act, *supra* note 2, sec. 15(a).
- <sup>7</sup> *Id.*, sec. 15 (b), (c), (d), (e).
- <sup>8</sup> *Id.*, sec. 16.
- <sup>9</sup> *Id.*, sec 18.
- <sup>10</sup> The National Penal (Code) Act, part 1.2, Ch. 13, sec. 188 (2017) [hereinafter Penal Code].
- <sup>11</sup> “Decriminalizing Abortion in Asia: Perspectives from India and Nepal”, The Leaflet, May 28, 2023, available at <https://theleaflet.in/criminal-justice/decriminalising-abortion-in-asia-perspectives-from-india-and-nepal>
- <sup>12</sup> Decision of Siraha District Court, cited by Center for Reproductive Rights, Forum for Women, Law and Development, Factsheet: Reforms Required in Laws Related to Abortion and its Enforcement (2017) [hereinafter 2017 Fact-Finding Study]. The study was based on the abortion cases registered between fiscal year 2011/12 to 2015/16 in 16 districts of Nepal where the fact-finding was conducted; out of the 53 cases, 13 cases were against women ending pregnancies, seven were related to infanticide, five were

related to forced abortion, and 28 were abortion caused as a result of third-party actions, including by beating available at [https://fwld.org/wp-content/uploads/2020/03/Abortion-factsheetNepali\\_17June018final.pdf](https://fwld.org/wp-content/uploads/2020/03/Abortion-factsheetNepali_17June018final.pdf)

13 Nepal Police Headquarters, Crime Investigation Department, Factsheet: Annual Factsheet on GBV 2023/24 [hereinafter Factsheet on GBV], available at [https://www.nepalpolice.gov.np/media/filer\\_public/57/33/5733d531-91bb-4450-8fb2-d2dd21d9022e/fy\\_2080-81\\_annual\\_infographics\\_-\\_en.pdf](https://www.nepalpolice.gov.np/media/filer_public/57/33/5733d531-91bb-4450-8fb2-d2dd21d9022e/fy_2080-81_annual_infographics_-_en.pdf)

14 Penal Code, *supra* note 10, sec. 189 (b) and (d).

15 SMRHR Act, *supra* note 2, sec. 15 (b) and (d).

16 *Id.*, sec. 15 (c).

17 Penal Code, *supra* note 10, sec. 189(c).

18 “Activists seek amendment to Penal Code, safe motherhood act”, The Himalayan Times, *March 3, 2019*, available at <https://thehimalayantimes.com/kathmandu/activists-seek-amendment-to-penal-code-safe-motherhood-act/>

19 SMRHR Act, *supra* note 2, sec. 15.

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