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Nepal: Are we getting it right?

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While it is easy to ask the question, finding the evidence for an appropriate answer is elusive in Nepal. There have been remarkable increases in the awareness and the realization of sexual and reproductive health rights in the last decade, at a time when Nepal faced internal armed conflict and a subsequent troubled transition to democracy and peace. There are also significant challenges remaining, in part due to the continuing political processes, in part due to the topography and vulnerability to on-going or ad hoc natural disaster.

The paper presents some of the context, obstacles and lessons for further debate in Nepal and abroad on what it might take to get it right.

Leadership and change towards a rights-based approach.

The national plan for health NHSP I 2004 -2009 had a vision statement. The national plan for 2010-2015 has a vision statement, a mission statement and a values statement. Government's vision for the health sector in 2004 was "to bring about improvement in the health status of the entire Nepalese population with provision of equal opportunity for quality health care services through an effective health system and thus develop healthy and capable human power to support poverty alleviation."[2] Although there are elements of "rights" (entire population, equal opportunity"), the thrust in 2004 was a "public health" approach.

In contrast, NHSP II indicates a major shift towards a commitment to realize rights. The document states that "The Ministry believes in: Equitable and quality health care services; Patient/client centred health services; Rights-based approach to health planning and programming; Culturally- and conflict-sensitive health services; and Gender-sensitive and socially inclusive health services."[3]

It can be argued that this shift is due to national leadership by health professionals, as well as support from EDPs and active engagement from civil society at all levels. Perhaps more important, however, is the way in which this discourse is set within and consistent with the wider political and social context of the period with a strong emphasis on rights. For example, the Comprehensive Peace Agreement of November 2006 stated that: "Policies shall be undertaken to establish the rights of all the citizens to

[1] I am grateful for the research assistance from my colleagues Saskia Nahrgang and Sathya Doraiswaimy, although the views expressed are my own.

[2] NHSP I, Vision Statement, October 2004

[3] NHSP II "Value Statement", July 2010).

education, health, shelter, employment and food security" . The Interim Constitution, approved in 2007 (by a Constituent Assembly with 33% elected women representatives) was even more explicit on rights noting that "Every woman shall have the right to reproductive health and other reproductive matters. (3) No physical, mental or any other form of violence shall be inflicted to any woman, and such an act shall be punishable by law. (4) Son and daughter shall have equal rights to their ancestral property".

This language is remarkable in its aspiration, and the current discourse remains at the same level because of very articulate and active rights-minded CA members, NGOs and citizens.

It can also be argued that the global development agenda and its translation by government and EDPs in Nepal have furthered the rights-based approach and attainment of sexual and reproductive health rights. EDPs are changing their behaviour. Partly this is due to national political concerns in donor countries (and this is going to increase) about value for taxpayers money, for a kind of "reverse rights" – the rights of citizens in developed countries. But it is also due to how the development business has shifted from Paris to Accra – from mutual accountability to a much deeper inclusive process with language on civil society, accountability to parliaments etc. And this has been helpful in driving the rights agenda. In Kathmandu, EDPs are working closely together, using a mix of strategies, to support government address the rights issues.

The road from Paris to Accra to Kathmandu is a winding one, and for Nepal not without the occasional flood or landslide blocking the way. It cannot be claimed that the increased access of citizens to their reproductive health rights is due to these global processes, but it may have helped.

There is clear evidence of an improved trend in rights being realized. For example, MM reduced by about 50% between 1996 and 2006 – greater access to RH services such as skilled birth attendance (from 18 – 28%); increase in access to contraception (up to 48%) legalization and access to improved abortion services.

Nepal's realization of reproductive rights has been recognized and Nepal won the MDG 5 Achievement Award, presented on 19th September 2010 in New York. But there has been only a progressive realization of those rights, and significant challenges remain. There is a large unmet need (25%, 33% for adolescents); 400,000 women are in need of some form of surgery for uterine prolapse ; highest cause of death for women is suicide (16%).

The data analysis of only partial attainment of rights from these various studies is also reflected by women themselves. The Feinstein International Center's report, " Towards a Great Transformation?" in July 2010 quoted a young married woman in Dang saying that "The only change is that we have been told that we too have rights,"

What is required to ensure the full attainment of the Interim Constitution's aspirations and the effective implementation of rights-focused national policies and strategies?

Money – more money for health, and better health for the money.

Government has increased its allocation to the health budget – which is very encouraging, including the resources targeted towards essential health care. However, on the same day that it was announced that Nepal had won the MDG 5 award, an article in the Himalayan Times noted ""No budget, no new health programmes". Government has not been able to approve the national budget because of the political situation. MoHP is also a pilot ministry under the Ministry of Finance initiative for gender responsive budgetting, and MoHP has just agreed to a gender audit, supported by UNFPA.

As well as providing resources to the health pool and through bilateral programmes and projects, EDPs are working to support the innovative approaches related to rights – such as supporting the Gender and Social Inclusion strategy, and the future work on health financing/insurance. EDPs and Government are also tracking governance and accountability to improve efficiencies through the Governance and Accountability Action Plan. Government is developing a pilot programme in several districts along with MoLD to see what can be done to enhance governance and service delivery, and social audits are part of the NHSP II strategy. All of this will help bridge the gap between rights holders and duty bearers.

More and better use of money can also be brought through closer collaboration among EDPs, reducing transaction costs and generating efficiency gains for government counterparts. Many EDPs have signed (and most concur with) the National Compact – a document that commits both Government and EDPs to harmonization, alignment and results. A Joint Financial Agreement was signed between Ministry of Finance and EDPs and we are working on a joint technical assistance plan.

More debate and action on reproductive Health rights and sexual rights.

A debate is needed to broaden the debate. Reproductive health rights are still largely narrowed down to pregnancy, and there is a need for more analysis, policy and action on the full lifecycle of rights, morbidities etc. There is also the wider matter of sexual rights – related to violence against women and women's empowerment. This includes action to target the most marginalized.

MOHP is to be congratulated on developing its own plan to the national campaign to end violence launched last year by the PM with support from UNFPA, DFID and others. MoHP's remote area guidelines, and Ministry of General Administration efforts to boost incentives for civil servants to serve where they are most needed is also critical. Reports have also indicated that some of the basic elements to ensure access to RH rights are still missing - staff, medicines, equipment, - let alone appropriate quality of service provided by duty-bearers.

A final verdict?

The politics, policies and plans, the aid agenda, as well as concerted efforts from government staff, civil society and EDPs have made a difference and are contributing to getting it right in Nepal. Progress however and universal access will not be meaningful however if greater efforts are not made to reach the most marginalized and change attitudes. Listening to the voices of the most marginalized is perhaps the greatest source of change. The empowerment of those who are furthest from realizing their rights will require sustained efforts over some time to come.

From the Feinstein study...

"After their monthly meeting, we asked the women what they thought about women's situation in the village. Before women could answer, a man replied to the question saying that discrimination had decreased in recent years. He said, "Women are no longer discriminated against; these days women have got rights. Things have changed considerably". A woman angrily reacted to his comments, "How can you say so? How do you know? You can't say just anything like that; you should ask us….. what do you know about us?"