Making Sexual and reproductive rights a reality:
What does it take?

Good practice from Nepal

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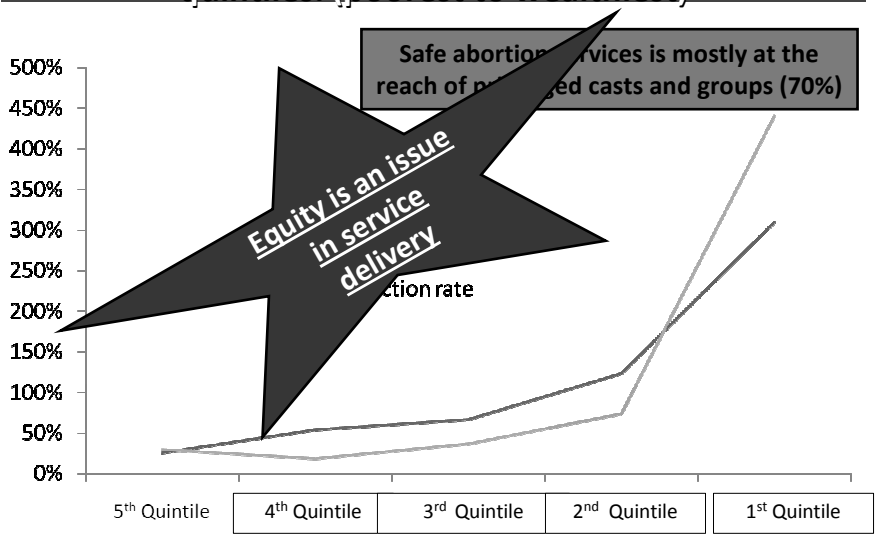
Contextual factors to action

Slow progress in sexual and reproductive health indicators

	1991	1996
Maternal mortality ratio	830	539
Total fertility ratio	5.3	4.6
CPR (Modern method)	24	26
Induced Abortion rate		13%
Unintended pregnancy		30%
*Maternal deaths due to unsafe induced abortion		50%

(* Of total admitted gynecological cases in 5 major hospitals)

Delivery by skilled attendent and C-section rate distribution around national average by wealth quintiles. (poorest to wealthiest)



(Data source: NDHS 2006)

What were the obstacles to actions?

- Cultural practices around delivery (e.g. home delivery)
- Social taboos and stigmas on abortion
- Sex preference (low utilization of modern FP methods)
- Difficult terrain
- Inadequate number of service sites and service providers
- Inequitable distribution of service sites
- High proportion of unwanted pregnancy resulting in illegal abortion (abortion not legalized)

How were these overcome ?

- Global call to improve women's' health (CEDAW, ICPD, MDG)
- Favorable policy environment
- Strong women's group to advocate rights for sexual and reproductive health (professionals, parliamentarians, civil societies)
- Alarming maternal health (MDG goal)

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Strong political commitment and support from Parliamentarians

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Recognized health as fundamental rights in the Interim Constitution

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Resulting in
- **Universal Free health care provision**
- **Ama Program (Free maternity care)**
- **Legalization of abortion**

Has action improved health ?

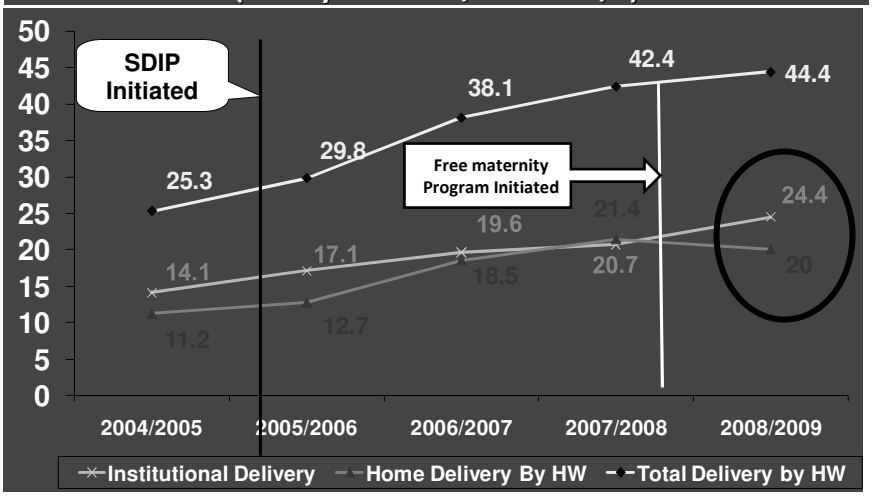
YES	Achievement		
	1996	2006	2009
Maternal mortality ratio ↓	539	281	229
CPR (Modern method)↑	26	44	45.1
Total fertility ration ↓	4.6	3.1	2.9
Availability of safe abortion services ↑	0	30 districts	All districts
Increased utilization of Safe Abortion services ↑	0	80,000 women	400,000 women

Significant increased in utilization of health services by women

Has it been sustained ? Yes

- Programmatically
  - –Has high commitment form government and partners
  - – PPP and social marketing are key features for sustainability
  - –High level of acceptance of the programs by the community and service providers
  - –Ownership by the local institutions
- Financially
  - –The program are totally funded by the government and pool partners
  - –All RH commodities are procured by the government
- Results have been sustained
  - –Consistently decreasing MMR, increasing CPR and increasing utilization of CAC and increased service utilization

Increasing Trend in deliveries conducted by health workers, based on Expected Births (fiscal years 2003/4 to 2007/8)



Source: HMIS/DoHS

- Post CAC complications less than 2% (FHD study 2008)

What were the lessons learnt ?

- Service availability does not ensure utilization
- Program specific communication strategy is required
- Partnership approach at national level as well as at the local level has proved effective
- Involvement of professional organization was key (Nepalese Society of Obst and Gyane)
- Continuous monitoring and evaluation to help program refinement

Recommendations

- Strong political commitment has to be obtained
- Ongoing advocacy for S&RHR is required
- Women should come forward for their own health (mainly women leaders, professionals, legislatures and advocates)
- Global evidence helps but country specific strategy and programming should be developed

We all can bring the change!! Together if we work…..

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