

YOUTH RECOMMENDATIONS

FOR

GOAL 3, 4 AND 5 OF THE VOLUNTARY
NATIONAL REVIEW REPORT OF NEPAL



HIGH LEVEL POLITICAL FORUM 2020

JUNE 2020



RIGHT HERE
RIGHT NOW

CONTEXT/OVERVIEW

Sustainable Development Goals (SDGs) stepping into five years of implementation, and with the world suffering from the unprecedented COVID-19 pandemic, achieving SDGs is only possible by putting youth at the centre of the development along with sustainable and inclusive solutions.

With Nepal experiencing its demographic dividend for the first time with 40% of its population considered as young, they face multifaceted challenges. Child marriage is still in high prevalence with 40% of girls getting married before 18 years and 7% getting married before the age of 15.¹ 32% of married young women of age 15-19 have an unmet need for spacing, 17% of the same age group of young women have begun the childbearing with no data about unmarried young people. Though the Maternal Mortality Ratio has decreased substantially following the Millennium Development Goals, it still stands high at 239.²

Nationwide, only 42% of all abortions were provided in government approved facilities while the rest were performed by untrained or uncertified providers or induced by the pregnant person themselves.³ The nationwide surveys which are carried out by the government do not include the sexual and reproductive health statistics of unmarried young people. This limits fact-based SRHR interventions targeted towards young people.

The net enrollment rate in primary schools has risen to 97%, while 7,70,000 children aged 5-12 are still out of school. Attendance in early childhood education stands at 51%. Post-earthquake 2015, only 26% of 7,553 education institutes that had been damaged have been reconstructed so far.⁴ Though budgetary increment has been observed in recent years, Nepal continues to confront deeply entrenched issues of educational access, gender inequity, student retention at all levels of schooling, overt unionisation in the learning institutions, undue political influence, poor quality of learning, poorly trained and motivated teachers and lack or inadequate teaching resources. Comprehensive sexuality education, which provides diverse young people with information about their bodies and bodily rights and enables them to make safe and healthy sexual and reproductive choices, is limited in the school curriculum and very limited in the out of school curriculum. Nepal has only been able to include some of the components of Comprehensive Sexuality Education (CSE) at in the school curricula while for the out of school, few topics like smoking and substance abuse and HIV and AIDS has been incorporated in the teaching-learning process through Community Learning Centers with no specific data on the total number of children and adolescents receiving CSE.⁵

Access to sexual and reproductive health services, comprehensive sexuality education, and protection and fulfilment of sexual and reproductive rights,

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including in matters related to sexuality is limited. Even though the constitution recognises sexual and gender minorities and their rights to be equal to those of binary gender, the progress Nepal has made is very slow-paced. The government has not made an effort to include the sexual and gender minorities in the current political framework or employment. The Citizenship Bill that was supposed to be supportive of the sexual and gender minorities requires them to provide medical proof of gender confirmation to be eligible for citizenship. The Lesbian Gay Bisexual Transgender Intersex Queer+ (LGBTIQ+) face harassment and bullying in schools and the workplace during the recruitment and working hours, resulting in being a school dropout and prone to a physical, mental and emotional breakdown.⁶ Transgender people find it more difficult to access health services and are subject to denial from health professionals. Also, LGBTIQ+ couples can't enjoy the right to marry people of their choice.

The COVID-19 pandemic has further exacerbated the situation with 200% increase in maternal mortality within the period of lockdown⁷, increase in sexual and gender-based violence including 26 rape cases and 48 cases of child sexual abuse within the lockdown period, most of the victims of violence are young women and girls⁸ and higher unmet needs for family planning clearly reflecting the non-prioritisation of sexual and reproductive health and rights (SRHR) services and information which has been jeopardising the lives of many young people. With schools closed and the education system trying to shift academic sessions to the digital medium, a lot of adolescents and young people are left behind with the prominent digital divide. The already limited Comprehensive Sexuality Education (CSE) in school classes has become non-existent with the lockdown.

Even after five years of SDG implementation, the government still faces challenges in collecting high quality, timely, reliable, disaggregated data, including by age, sex, marital status, etc. for monitoring and evaluation of SDGs. This further hinders the process of reviewing progress at the national level.

¹ <https://www.girlsnotbrides.org/child-marriage/nepal/>

² <https://dhsprogram.com/pubs/pdf/FR336/FR336.pdf>

³ CREPHA. Abortion and Unintended Pregnancy in Nepal. 2016.

⁴ <https://kathmandupost.com/editorial/2020/05/28/nepal-s-budget-not-quite-all-there>

⁵ Review of curricula in the context of CSE against 2009 UNESCO ITGSE Vol. II, 2014

⁶ UNDP, USAID (2014). Being LGBT in Asia: Nepal Country Report. Bangkok.

⁷ <https://kathmandupost.com/national/2020/05/27/a-200-percent-increase-in-maternal-mortality-since-the-lockdown-began>

⁸ <https://www.nepalitimes.com/latest/in-nepal-lockdown-a-domestic-violence-spike/>

RECOMMENDATIONS

In this background, for the 2020 VNR, we, a diverse group of young individuals, advocates, activists of Right Here Right Now Nepal urge the government to take the following measures for goal 3, 4 and 5:

General recommendations for Goal 3, 4, and 5:

1. Allocate an adequate budget for the implementation of recommendations under Goals 3, 4, and 5.
2. Include youth advocates, activists, and leaders from youth-led CSOs in the consultations, policy, and decision-making processes.
3. Utilise data generated by CSOs to assist in the achievement of goals through a collaborative effort.

GOAL 3

Ensure Healthy Lives and Promote Well-being for all

1. Allocate a minimum of 12-15% of the GDP for health, with an adequate proportion for diverse young people based on demography.
2. Formulate regulations and directives for the effective implementation of the Right to Safe Motherhood and Reproductive Health Act 2018 that provides specific guidelines for the allocation of specific budget to make abortion quality, accessible, stigma-free, and youth-friendly.
3. Prioritise innovation in health access through well-managed, well-resourced, and inclusive youth-friendly interventions such as telemedicine, telehealth, mobile clinics, youth information centres, etc. so that marginalised young people who have limited access to health services such as contraceptives, SRH related counselling, safe abortion, etc., are also benefited.
4. Include youth-friendly health services in the relief packages, including sexual and reproductive health services, that are confidential, non-judgmental and non-discriminatory.
5. Develop a contingency plan for health services in humanitarian settings, including the Minimum Initial Service Package (MISP) and train young people for the implementation of MISP in crisis situations.

GOAL 4

Ensure Quality Education and Promote Lifelong Opportunities for All

1. Strengthen the legislation, policy measures and strategic approaches to make education and training systems more equitable and inclusive "Leaving no one behind", including in contexts of protracted crises and humanitarian emergencies.
2. Integrate climate, health, including hygiene and

sexual and reproductive health, and other crisis preparedness, response, and resilience in the school curriculum.

3. Repeal the decision of making the subject Environment, Population and Health as an optional subject for Grade 9 and 10 and make it mandatory in the National Curriculum Framework 2075.
4. Ensure young people's access to quality education including Comprehensive Sexuality Education (CSE) based upon International Technical Guidelines on Sexuality Education (ITGSE) for both in school and out of school young people with proper monitoring and reporting mechanisms in place including the provision of education through alternative methods such as virtual classes to cope with COVID-19 pandemic.

Goal 5: Achieve Gender Equality and Empower all Women and Girls

1. Ensure sexual and gender based violence survivor's access to SRH care services including emergency contraception, safe abortion, mental health, and post-exposure prophylaxis in humanitarian settings.
2. Integrate the human rights and justice approach to prevent both online and offline violence against young people especially young women, girls and sexual and gender minorities by increasing the number of helplines, legal aid, other critical services, and connecting people who seek for essential sexual reproductive health services (SRH).
3. Take strategic measures to explicitly eliminate all forms of harmful traditional practices against young girls and women like early and forced child marriage and chhaupadi, adhering to national laws and policies with their effective implementation and rigorous follow up.
4. Amend the law that stipulates the requirement for medical proof for the recognition of one's gender identity to issue citizenship, so that all citizens' right to self-identify based on their gender is made explicit on all official documents according to article 12 of the constitution of Nepal 2072.
5. Amend the exclusive language used in the 'Definition of Marriage' in the Civil code Chapter 3 Section 67 which defines marriage as a union between man and woman only to marriage as the union of two consenting adults/persons.

YUWA

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GOAL 5