

**Joint Submission to the United Nations Universal Periodic Review of Nepal  
for Sexual and Reproductive Health and Rights through Gender Equality  
and Social Inclusion Perspective  
51<sup>st</sup> Session of the UPR Working Group  
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**Submitted by  
Beyond Beijing Committee (BBC) Nepal**

The Beyond Beijing Committee is a national **women-led feminist network** organisation established after the **4th World Conference on Women** in Beijing in 1995. BBC has been tirelessly advocating for human rights and gender justice since its establishment. BBC is actively involved in monitoring and reporting the implementation of CEDAW, ICPD, UPR, BPfA, CSW and SDGs. It is the founder of the Nepal SDGs Forum (CSOs Forum) and the convener of the Women and Girls' constituency and gender justice theme. BBC is currently the secretariat of Women Major Group for Sustainable Development in Nepal (WMG-SDN), CEDAW and Menstrual Health and Hygiene Management Partner Alliance (MHM-PA). BBC holds the consultative status of the United Nations Economic and Social Council (ECOSOC).



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## 1. Introduction

1. Based on our coalition years of lived experience, research, advocacy, and community engagement in advancing Sexual and Reproductive Health Rights (SRHR), this submission outlines the current human rights landscape related to SRHR and issues to be addressed in future. While doing so, this report also critically assesses the implementation of the third UPR recommendations related to SRHR.
2. Promoting SRHR in Nepal faces major challenges, including limited access to skilled health personnel and quality services, uneven distribution, weak policy implementation, and lack of inclusive planning. Inadequate funding and budget allocation further hinder programme expansion.

## 2. Assessment of the third cycle of UPR Recommendations

3. Nepal supported two specific recommendations relating to SRHR in the third UPR cycle. Recommendation **159.135** calls for *decriminalising abortion and concretely protecting the rights and sexual and reproductive health of women and girls* (A/HRC/47/10/Add 1- Para 6; France). Recommendation **159.137** calls for *implementing the commitment made at the Nairobi Summit on the twenty-fifth anniversary of the International Conference on Population and Development to ensure that marginalised 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* (A/HRC/47/10/Add.1 - Para.6; Iceland). Recommendation 159.135 has yet to be implemented, whereas Recommendation 159.137 has been partially implemented.
4. Nepal has made commendable strides in advancing SRHR, especially for women and girls, through progressive constitutional and legal frameworks. Article 38 of the Constitution of Nepal (2015) guarantees the right to safe motherhood and reproductive health, mandating access to essential services such as family planning, safe abortion, and maternal healthcare, free of cost at public health facilities.<sup>1,2</sup>
5. To reinforce these commitments, the Right to Safe Motherhood and Reproductive Health (RSMRH) Act, 2018<sup>3</sup> was enacted, which affirms women's reproductive rights, including the right to safe abortion. The Act ensures access to accurate reproductive health information, comprehensive counselling, and the freedom to make informed reproductive choices. The supporting regulations and guidelines were introduced in 2020 and 2021, enabling implementation across the country.
6. Nepal legalised abortion in 2002 and has since provided free abortion services at public health facilities. Under the RSMRH 2018 Act:
  - Abortion is permitted up to 12 weeks of gestation with the consent of the pregnant woman.
  - Up to 28 weeks of gestation in cases of rape, incest, HIV infection, serious health risks to the woman, or foetal anomalies, if conducted by trained providers at listed government health facilities.
7. While Nepal has made significant progress in liberalising abortion laws (notably since the 2002 safe abortion policy), the presence of criminal provisions in Section 188 still creates legal and psychological barriers.<sup>4</sup> The Section 188 of the National Penal (Code) Act, 2017 that criminalises abortion unless it meets the exemptions listed under Section 189, prescribes imprisonment and fines for abortions outside the legal limits, punishes

people involved in abortion, including the woman (if interpreted that way), healthcare providers, or anyone coercing a woman into abortion, and criminalises sex-selective abortion and identification of the sex of the foetus with intent to abort.

8. Despite these legal advancements, a critical contradiction persists. Section 188 of the National Penal (Code) Act, 2017 still criminalises abortion outside narrowly defined conditions under Section 189. This includes provisions for imprisonment and fines, not only for women seeking abortion but also for healthcare providers, family members, or anyone involved in facilitating abortion.<sup>5</sup> Furthermore, sex-selective abortion and even foetal sex identification with intent to abort are criminalised, creating confusion, fear, and stigma.
9. This duality in legal frameworks, progressive under the RSMRH Act 2018 but punitive under the National Penal (Code) Act 2017, results in legal and psychological barriers that deter women, particularly adolescents and those in rural and marginalised communities, from seeking safe abortion services. It undermines women's bodily autonomy, reinforces harmful gender norms, and conflicts with Nepal's constitutional and international human rights obligations.

#### **Recommendations:**

- Fully decriminalise abortion by amending Section 188 of the National Penal (Code) Act, 2017, to align with the Constitution of Nepal and the Right to Safe Motherhood and Reproductive Health Act, 2018. Treat abortion as a public health and human rights issue, not a criminal act, to eliminate legal, procedural, and social barriers that prevent women, adolescents, and marginalised groups from accessing safe, stigma-free, and affordable abortion services.
  - Adopt and implement inclusive, rights-based policies that expand access to safe abortion and comprehensive SRHR information. This includes strengthening health provider training; combating stigma and gender-based discrimination; ensuring equitable service delivery across rural and hard-to-reach areas; and upholding Nepal's international commitments under CEDAW, CRC, the ICPD Programme of Action, and the SDGs.
10. Recommendation **159.137** urges Nepal to fulfil its commitments made at the Nairobi Summit on ICPD+25,<sup>6,7</sup> which commemorated the 25<sup>th</sup> anniversary of the landmark 1994 International Conference on Population and Development (ICPD). A central focus of this recommendation is ensuring *equal and equitable access to quality family planning services* as a fundamental component of SRHR. However, recent developments reflect a troubling regression. Instead of reinforcing efforts aligned with this commitment, the Government of Nepal has significantly *reduced essential funding for family planning programmes*, health personnel, and related women's health services. Alarming, from the fiscal year 2023–2024, the government eliminated the family planning programme budget, leaving district hospitals without the resources to continue these critical services.<sup>8</sup>
  11. This funding withdrawal has led to widespread disruption of family planning programmes at the local level, undermining decades of progress in SRHR, increasing risks of unintended pregnancies, and disproportionately affecting poor, rural, and marginalised populations.<sup>9</sup> The budget cut contradicts national commitments and threatens the reproductive autonomy, health, and well-being of thousands of women and families across Nepal.

### **Recommendations:**

- Urgently reinstate and allocate adequate funding to ensure the uninterrupted delivery of family planning services at the district and local levels, in line with Nepal's national and international commitments.
- Strengthen and expand SRHR services by applying the AAAQ framework, ensuring services are Available, Accessible, Acceptable, and of Quality, while being inclusive, stigma-free, and responsive to the needs of marginalised and underserved populations.

### **3. Adolescent Sexual and Reproductive Health (ASRH)**

12. Recommendation **159.137** urges the Government of Nepal to scale up adolescent-friendly health services (AFHS) as part of its commitment to ensuring equitable access to SRHR for all. Nepal has made measurable progress in expanding adolescent-friendly health services. As of the end of fiscal year 2023/24, a total of 1,599 health facilities were providing AFHS across the country, thanks to the collaborative support of development partners and stakeholders.<sup>10</sup> In addition, AFHS centres and corners have been established in schools to further strengthen adolescents' access to essential health services.
13. However, despite these advancements, access to ASRH services remains unequal and limited, particularly for marginalised, rural, and vulnerable populations.<sup>11</sup> Barriers include low awareness of available services, financial constraints, and the lack of a supportive, adolescent- and youth-friendly environment within health facilities.<sup>12, 13</sup> For instance, in Madhesh Province, the utilisation of AFHS is significantly lower than expected, even where services are available, suggesting a critical gap in service uptake and effectiveness.<sup>14,15</sup> Without addressing these systemic gaps, Nepal risks leaving behind thousands of adolescents, especially girls, unmarried youth, sexual and gender minorities, and adolescents with disabilities, undermining progress toward national development and global commitments, including CEDAW, CRC, and the SDGs.

### **Recommendations:**

- Strengthen communication and outreach strategies to increase awareness of ASRH services by developing and disseminating information in major local languages through social media, local radio, and television, ensuring messages are youth-friendly and culturally appropriate.
- Expand and invest in adolescent-friendly health services (AFHS) nationwide, ensuring they are inclusive, stigma-free, and accessible to all adolescents, including rural youth, unmarried girls, those with disabilities, and gender and sexual minorities. Services must include access to modern contraception, safe abortion and post-abortion care, and comprehensive SRHR information.
- Implement mandatory training for health service providers on youth-responsive, inclusive, and rights-based service delivery. Providers must be equipped to create safe, respectful, and non-judgmental environments for adolescents seeking SRHR care.
- Revise and enhance AFHS implementation strategies to ensure improved utilisation by young people. This includes firm action to eliminate stigma, promote safe abortion access, uphold marriage equality, and actively work to prevent and respond to gender-based violence.

#### 4. Comprehensive Sexual Education (CSE)

14. Recommendation 159.137 also urges the government to *fully integrate CSE* that aligns with the evolving capacities and needs of young people. However, a major challenge persists; many teachers are delivering CSE without receiving any formal pre-service training.<sup>16</sup> Furthermore, the materials and curriculum provided to students are widely considered insufficient and inadequate, largely due to deeply rooted socio-cultural norms and taboos.<sup>17</sup> Cultural sensitivities, gender norms, and limited access to resources continue to undermine the effective implementation of CSE, presenting significant barriers to its success.<sup>18</sup>
15. In response to these challenges, the Ministry of Education, Science and Technology has recently introduced the School Education Sector Plan (SESP) 2022/23–2031/32, which aims to integrate CSE and reproductive health into the school curriculum and provide to all. The SESP also prioritises behavioural management training for educators as a core strategy to support effective implementation.<sup>19</sup> Besides, the Adolescent Friendly Information Corners (AFICs) Operational Guidelines were developed by the Ministry of Education, Science and Technology and implemented to safeguard the operational standards of the AFICs. However, till date there is only total of 205 AFICs have been established. A total of 2,151 community learning centres are in operation.<sup>20</sup>
16. As per the Basic Education Curriculum for Grades 1 to 8, Health, Physical, and Creative Arts is a compulsory subject. However, at the secondary level (Grades 9 to 12), it is offered only as an optional subject, which limits the reach and impact of CSE at a critical stage in adolescent development.<sup>21</sup>

##### Recommendations:

- Effectively implement the School Education Sector Plan (SESP) 2022/23–2031/32 with a strong focus on CSE for adolescents. Ensure that meaningful and age-appropriate sexual and reproductive health (SRH) education is integrated as part of the mandatory school curriculum for both girls and boys. Special attention should be given to preventing early pregnancy and sexually transmitted infections.
- Adopt a national policy that mandates compulsory health education, incorporating age-appropriate CSE. This policy should also ensure that Health, Physical, and Creative Arts are recognised and implemented as core subjects across all educational levels.

#### 5. Other barriers to accessing SRHR

17. **Maternal and Neonatal Health:** Nepal continues to face critical public health challenges related to maternal and neonatal mortality. In 2021, the maternal mortality ratio (MMR) stood 151 deaths per 100,000 live births,<sup>22</sup> while neonatal mortality rate has remained unchanged (21 deaths per 1000 live births) since 2016.<sup>23</sup> These averages mask stark provincial disparities: MMR is highest in Lumbini (207) and Karnali (172), but lowest in Bagmati (98).<sup>24</sup> Similarly, neonatal mortality rates range from 8 per 1,000 in Gandaki to 27 per 1,000 in Sudurpashchim and Karnali.<sup>25</sup> These inequalities are driven by systemic socio-economic disparities, poor access to antenatal and postnatal care, and inadequate health infrastructure in rural and remote areas.<sup>26,27,28,29</sup>
18. **Obstetric Violence:** Obstetric violence, the mistreatment of women during childbirth in health facilities is a serious and under-recognised human rights violation in Nepal. Studies across multiple hospitals reveal that 70% to 100% of women report facing non-consensual procedures, verbal abuse, neglect, denial of privacy, and discrimination,

especially among poor, Dalit, indigenous, adolescent, and rural women.<sup>30</sup> Such violations compromise dignity, bodily autonomy, trust in healthcare, and contribute directly to **avoidable maternal and neonatal deaths**.

19. **Shortage of competent and skilled providers:** Rural and remote health facilities are severely affected by a shortage of skilled providers for maternal and newborn care.<sup>31,32</sup> The government still relies heavily on Auxiliary Nurse-Midwives (ANMs), who lack midwifery-specific training to deliver Sexual, Reproductive, Maternal, Newborn, and Adolescent Health (SRMNAH) services. Nepal continues to apply the outdated MDG definition of Skilled Birth Attendants, rather than the updated SDG-based definition (2018 WHO/UNFPA/UNICEF/ICM/FIGO/IPA).<sup>33,34</sup> Despite midwives being able to meet about 90% of essential SRMNAH needs,<sup>35</sup> Nepal has yet to deploy a dedicated midwifery workforce.<sup>36</sup>

**Recommendations:**

- Accelerate the deployment of a trained midwifery workforce across Nepal by adopting the SDG-aligned definition of skilled health personnel and investing in midwifery education, regulation, and recruitment, particularly in underserved and rural areas.
- Institutionalise and enforce Respectful Maternity Care (RMC) through national guidelines, mandatory rights-based training for maternity providers, and recognition of obstetric violence as a form of gender-based violence, ensuring access to legal redress, counselling, and privacy protections for survivors.
- Address maternal and neonatal health inequalities by improving women's access to quality, culturally sensitive, and geographically accessible antenatal, perinatal, and postnatal services, prioritising marginalised provinces and vulnerable groups.

20. **Child Marriage:** Despite Nepal's commitment to eliminating child marriage through policies such as the National Strategy to End Child Marriage, 2024 and the establishment of the National Coordination Committee, the practice remains deeply entrenched. Nepal ranks third-highest in Asia for child marriage prevalence. Alarming, 41% of women aged 20–24 were married before turning 18,<sup>37</sup> in clear violation of national laws and international human rights obligations. This harmful practice directly contributes to adverse health outcomes, including elevated maternal mortality among young mothers.<sup>38</sup>

21. Data show that 39% of maternal deaths occur among women in their twenties, underscoring the life-threatening risks faced by girls forced into early marriage.<sup>39</sup> Additionally, 30.4% of girls marry before age 17,<sup>40</sup> reflecting systemic enforcement failures and deep-rooted social norms that continue to undermine legal frameworks and national commitments.

22. Without urgent and coordinated action, child marriage will continue to perpetuate intergenerational cycles of poverty, gender inequality, poor health, and limited educational and economic opportunities for girls and women.

**Recommendations:**

- Enforce the legal age of marriage (20 years) through coordinated, multi-sectoral efforts, including local government accountability mechanisms, strengthened birth and marriage registration systems, and community-based surveillance and reporting.

- Invest in gender-transformative, community-based initiatives that empower adolescents, especially girls through access to quality education, SRHR services, and life skills, while engaging families, community and religious leaders to shift harmful gender norms and practices.
- Launch targeted awareness campaigns on the physical and psychological consequences of child marriage, aimed at influencing households, religious figures, judicial actors, and local governments to discourage the practice and promote child protection.
- Establish child-sensitive legal and protection mechanisms to support children seeking to annul their marriages, including access to legal aid, shelter, psychosocial counselling, and referral services.

23. **Social stigma and gender norms:** Despite the legalisation of abortion in Nepal in 2002, abortion stigma remains a serious barrier preventing women from fully exercising their reproductive rights.<sup>41,42</sup> Social stigma rooted in deep-seated gender norms and moral judgments continues to shape community attitudes, disproportionately impacting Madhesi, Dalit, Muslim, widowed, poor, rural, and less-educated women, particularly in Madhesh Province.<sup>43,44,45</sup> This pervasive stigma leads many women to avoid formal healthcare services out of fear of being judged or ostracised, pushing them toward unsafe abortion practices.<sup>46</sup> As a result, unsafe abortions still account for 6–7% of all pregnancy-related maternal deaths in Nepal,<sup>47</sup> undermining the country’s commitment to SRHR and safe motherhood.

**Recommendations:**

- Adopt and implement a national stigma-reduction strategy that includes culturally sensitive public awareness campaigns, school-based education, and community engagement. Focus on empowering women and girls, shifting harmful gender norms, and promoting social acceptance of abortion as a human right and health service—especially targeting high-stigma regions and groups (e.g., Madhesi, Dalit, rural populations).
- Ensure equitable and stigma-free access to safe abortion services by training healthcare providers on rights-based, non-discriminatory care; increasing visibility and confidentiality of abortion services; and expanding outreach in underserved areas to counter unsafe practices driven by fear and silence.

24. Discriminatory attitudes and biased behaviours among healthcare providers remain a major barrier to the realisation of SRHR in Nepal. Women and girls, especially those who are unmarried, adolescents, living with disabilities, from gender-diverse communities, or in marginalised groups often face judgmental, dismissive, or even hostile treatment when seeking care.<sup>48,49,50,51,52</sup> These experiences discourage service-seeking, limit access to life-saving information and care, and perpetuate stigma within the health system itself.<sup>53</sup> Creating a supportive and inclusive healthcare environment is essential to ensuring that all individuals regardless of age, marital status, gender identity, or ability, can access dignified, non-discriminatory, and rights-based SRHR services.<sup>54</sup>

**Recommendation:**

- Mandate the integration of Values Clarification and Attitude Transformation (VCAT) into all pre-service and in-service training for healthcare professionals to

ensure stigma-free, respectful, and non-judgmental SRHR service provision for all, especially marginalised populations.

- Ensure full and effective implementation of the Health Sector Gender Equality and Social Inclusion (GESI) Strategy 2023, with regular monitoring, accountability mechanisms, and capacity-building to institutionalise inclusive and rights-based care in all health facilities.

**25. Male involvement in SRHR:** Despite progress in advancing SRHR in Nepal, male engagement remains significantly limited.<sup>55,56</sup> Existing laws and policies seldom recognise the critical role of men in advancing SRHR outcomes. Comprehensive strategies that promote men's equal involvement in reproductive life, including maternal and child health, shared caregiving, and joint decision-making are largely absent. The lack of male involvement perpetuates gender inequality, reinforces traditional norms around caregiving, and places disproportionate responsibility for reproductive health and parenting on adolescent girls and women.<sup>57</sup> Engaging men and boys through targeted education, counselling, and community mobilisation is essential to foster shared responsibility, improve partner communication, and support inclusive and rights-based family health.<sup>58</sup>

**Recommendations:**

- Integrate male engagement in SRHR into national laws, policies, and programmes, promoting joint responsibility in reproductive decision-making, caregiving, and household duties, while addressing harmful gender norms.
- Launch targeted, multisectoral awareness and education campaigns that inform men and boys about their roles and responsibilities in SRHR, and promote respectful, informed, and equitable partner communication and participation.

**6. Intersectional inequality in accessing SRHR**

26. Despite policy and legal commitments, deep and persistent inequalities in SRH outcomes remain across educational levels, income groups, geographic regions, and social identities in Nepal.<sup>59,60</sup> Marginalised communities, including Dalits, Muslims, Indigenous women, women with disabilities, and rural populations, face systemic and intersectional barriers in accessing SRHR services.<sup>61,62</sup> As for family planning, Dalit women (26%) and Muslim women (25%) aged 15-49 had a significantly greater unmet need for family planning services.<sup>63,64</sup>

27. According to national data<sup>65</sup>:

- Dalit (26%) and Muslim (25%) women aged 15–49 have a disproportionately high unmet need for family planning, reflecting structural exclusion.
- Teenage pregnancy is significantly higher among marginalised groups, with 22% of Muslim girls and 21% of Dalit girls aged 15–19 becoming mothers, compared to only 8% among privileged groups.
- Women without formal education (33%) are far more likely to experience early childbearing compared to those with at least secondary education.
- Only 33% of married Muslim women use any contraceptive method, indicating unmet SRHR needs.
- Barriers such as lack of awareness of legal abortion provisions, absence of nearby service sites, unaffordable costs, gender-discriminatory norms, and abortion stigma severely restrict access to safe abortion, especially in provinces like Madhesh.

28. Although the RSMRH Act (2018) and the Health Sector GESI Strategy (2023) acknowledge intersectional inequalities, their implementation remains weak. Current SRHR policies lack an intersectional and multisectoral lens that is crucial for addressing how caste, ethnicity, religion, geography, disability, gender, and economic status intersect to affect access to essential reproductive healthcare.

**Recommendations:**

- Ensure full and effective implementation of the RSMRH Act (2018) and Health Sector GESI Strategy (2023) by integrating intersectional frameworks that address how gender, caste, ethnicity, religion, language, geography, and disability intersect to marginalise access to SRHR, particularly among Dalit, Muslim, Madhesi, Indigenous, rural, and disabled women and girls.
- Adopt and enforce an inclusive, multisectoral SRHR strategy that prioritises equity-based planning, allocates targeted resources to underserved communities, and ensures universal access to quality family planning, safe abortion, adolescent-friendly services, and comprehensive sexuality education, as per Recommendation 159.137 and Nepal’s constitutional and human rights obligations.

29. Sexual and gender minorities in Nepal often face discrimination, harassment, and systematic barriers when accessing healthcare, including SRH services.<sup>66</sup> Many endure stigma and psychological distress in silence. For example, transgender men are frequently ridiculed or dismissed when seeking care for menstruation or other gynaecological needs.

**Recommendations:**

- Develop and implement national guidelines to ensure respectful, non-discriminatory, and gender-affirming reproductive healthcare for transgender individuals.
- Mandate comprehensive training for all healthcare providers on gender diversity, inclusive language, and respectful care, with specific focus on the reproductive health needs of transgender populations.

30. Access to SRHR remains a significant challenge for persons with disabilities in Nepal. Major barriers include inadequate and inaccessible infrastructure, limited funding, and weak policy implementation, all of which are compounded by social and geographic exclusion. Additionally, intersecting factors such as caste, ethnicity, religion, and language further restrict access of women with disabilities. Although the government has introduced the *Guideline Relating to Disability Friendly Reproductive Health and Safe Motherhood Service 2022*, its effective implementation remains limited. Moreover, widespread stigma surrounding the sexuality and reproductive health of women with disabilities continues to undermine their rights.<sup>67</sup>

31. Among persons with disabilities, Indigenous women and girls tend to have lower awareness of SRHR and related services than those from more mainstream communities.<sup>68</sup>

**Recommendations:**

- Ensure full and effective implementation of the *Guideline Relating to Disability-Friendly Reproductive Health and Safe Motherhood Services, 2022*.

- Recognise the intersecting identities of persons with disabilities, particularly women, and develop inclusive policies that address their diverse and intersectional inequalities.
- Design and implement culturally sensitive awareness campaigns on SRHR for girls and women with disabilities, tailored to their specific social and cultural contexts.

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<sup>2</sup>Puri, M., Tamang, A., and Singh, S. (2022). *Addressing gaps in safe abortion services in Nepal*. Policy Analysis. <https://www.gutmacher.org/article/2022/06/addressing-gaps-safe-abortion-services-nepal>

<sup>3</sup>Government of Nepal (2018). Right to Safe Motherhood and Reproductive Health Act 2018.

<https://nepal.unfpa.org/sites/default/files/pub-pdf/The%20Right%20to%20Safe%20Motherhood%20and%20Reproductive%20Health%20Act%202075.pdf>

<sup>4</sup>Government of Nepal (2017). The National Penal (Code) Act 2017.

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<sup>5</sup>The National Penal (Code) Act 2017 permits abortion up to 18 weeks of pregnancy in cases of rape or incest, whereas the Act extends this limit to 28 weeks. Additionally, the Penal Code allows abortion at any stage of pregnancy if the woman's life is at risk or if there is a foetal anomaly. In contrast, the RSMRH Act 2018 restricts abortion beyond 28 weeks, even in such critical circumstances, creating a legal inconsistency between the two laws.

<sup>6</sup>Government of Nepal (2019). Statement of the Government of Nepal at the Nairobi Summit on ICPD25.

<https://nepal.unfpa.org/en/news/statement-government-nepal-nairobi-summit-icpd25>

<sup>7</sup>UNFPA and GoN. (2023). Nepal's Journey in Fulfilling the ICPD Commitments: The Roadmap towards ICPD30. [https://nepal.unfpa.org/sites/default/files/pub-pdf/20231116\\_information\\_booklet\\_final\\_2.pdf](https://nepal.unfpa.org/sites/default/files/pub-pdf/20231116_information_booklet_final_2.pdf)

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<https://kathmandupost.com/columns/2025/03/16/a-case-for-sexual-and-reproductive-health>

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<sup>11</sup>Beyond Beijing Committee. (2024). Policy Brief: Advancing Sexual and Reproductive Health and Rights in Nepal: A Progress on Implementation of the Beijing Platform for Action and International Conference on Population and Development. Kathmandu.

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