

Policy Dialogue

BREAKING BARRIERS: ENSURING  
SEXUAL AND REPRODUCTIVE HEALTH  
RIGHTS OF PERSONS WITH DISABILITIES

Proceeding Report, December, 2021

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# 1. Background

Persons with Disabilities have historically experienced poorer health outcomes due to lifelong social exclusion and marginalization. The Convention on the Rights of Persons with Disabilities (CRPD) 2006 articulates that Persons with Disabilities should have the same range, quality and standard of health care as people without disability including sexual and reproductive health (SRH). However, evidences suggest the SRH rights of Persons with Disabilities have been denied. Despite being sexually active they may have less access to SRH information and services such as knowledge about reproductive anatomy, family planning, and sexually transmitted infections.

Within the health system, Persons with Disabilities may be mistreated by health care providers for wanting to become a parent or becoming pregnant. Social stigmatization over such issues may force them into sterilization and abortion. Further, they may encounter physical and emotional violence and those with intellectual impairments face additional risk of sexual violence. The marginalization and exclusion of Persons with Disabilities may intensify during crisis increasing episodes of sexual violence, domestic abuse and physical assault.

In Nepal, access to health care including sexual and reproductive health services deteriorated after the emergence of COVID-19. In Nepal, there are limited evidences on the availability and accessibility of sexual and reproductive health services by Persons with Disabilities. The issue itself is also negligibly discussed in public domain. Therefore, HERD International and Karuna Foundation Nepal jointly organized a policy dialogue on “Breaking Barriers: Ensuring Sexual and Reproductive Rights of Persons with Disabilities” to discuss the issues among policy making stakeholders including government officials and representatives from non-government sector.

This proceeding report summarizes the key issues discussed during the discussion including the way forwards. This report serves as a resource for wider community including those in research, policy, and academia and other stakeholders.

## 2. Session Objective

The aim of the session was to share experiences on engaging with stakeholders in developing and implementing disability inclusive sexual and reproductive health policies and programs in Nepal. The session aimed at discussing the barriers and facilitators persisting in Nepal in regard to ensuring sexual and reproductive health rights of persons with disabilities and deliberate on the ideas among policy makers and stakeholders working in disability to revisit policy frameworks and make health services disability-friendly.

## 3. About session and panelists

The event was broadcasted live on 6th December 2021 (11.00 am to 12.00 noon) through different media outlets from HERD International's central office in Kathmandu. The one-hour session was broadcasted live via Facebook pages of HERD International and Karuna Foundation Nepal and YouTube channel of HERD International. The chair of the session Dr. Sushil Baral initially introduced the panelists with their professional background and contribution in the sector of sexual and reproductive health of Persons with Disabilities. Following the brief introductions, the chair Dr. Baral facilitated the discussion, using key guiding questions provided in advance to the speakers to help them bring insights on the topic.

The session was interactive where the facilitator allocated time for all panelists to put forward their opinion turn by turn. Followings were the panelists and chair for the session:

1. **Chair:** Dr. Sushil Chandra Baral, HERD International. Dr. Baral is an experienced health and development expert.
2. **Panelist:** Dr. Kiran Rupakheti, National Planning Commission. Dr. Rupakheti contributes to designing of plan for women, children, senior citizen and Persons with Disabilities at National Planning Commission of Nepal
3. **Panelist:** Dr. Gunanidhi Sharma, Ministry of Health and Population. Mr. Sharma contributes to health related policy formulation at Ministry of Health and Population in Nepal.
4. **Panelist:** Mr. Deepak Raj Sapkota, Karuna Foundation Nepal. Mr. Sapkota is an experienced development professional contributing to the area of rights of persons with disabilities.
5. **Panelist:** Ms. Sarita Lamichhane, Prayatna Nepal. She is right activists and represents Person with Disability community.

## 4. Method of dissemination and reach

The event was live broadcasted from three media outlets- i) Facebook page of HERD International ii) Facebook page of Karuna Foundation Nepal and iii) YouTube Channel of HERD International. The key discussion was also covered through Twitter handle of HERD International that engaged national as well as international audiences. To make the event disability friendly, sign interpretation was made and subtitles were displayed. We did pre and post event publicity of the event. Few days prior to the event, a poster consisting the details of theme, panelists, date and time and links of media outlet was designed and was published in the social media outlets of HERD International and Karuna Foundation to inform audience. After the event, video was transcribed. The video and transcription can be accessed in the event and news section of HERD International website ([www.herdint.com](http://www.herdint.com)). The link was shared via Facebook and twitter targeting to those audiences who missed out the session. Following was the reach of the live event as of 9 Dec 2021.

### Reach of live event

Facebook page	Total organic reach	Engagement (Like, comment and share)
<a href="http://www.facebook.com/HERDInt">www.facebook.com/HERDInt</a>	826	432
<a href="https://www.facebook.com/KarunaFoundationNepal">https://www.facebook.com/KarunaFoundationNepal</a>	1600	230

### Reach of Tweets

Number of Tweets	Total impressions	Total engagements	Average engagement rate (%)
11	2018	174	7.95

### Reach in You Tube

Total views	50
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## 5. Issues discussed

### 5.1 Policy and legal frameworks

The panelists highlighted that constitution of Nepal has incorporated various provisions related to right to health and inclusion of marginalized groups. One of the marginalized groups who has been left behind is the Person with Disabilities. Among the disabilities, there are intersections such as persons with severe disabilities, women and children with disability, persons with disabilities living in remote parts of the country who are more vulnerable. The constitution of Nepal has ensured right to equality that ensures absence of discrimination to the Persons with Disabilities whereas health rights ensures equal access to health services for all.

There are two acts that explicitly mentions about the sexual and reproductive rights of the persons with disabilities in Nepal. One is Act related to rights of Persons with Disabilities that incorporates the provision for necessary arrangement to protect sexual and reproductive health rights of women who have disability. This act also ensures protection of persons with disabilities from inhuman behavior, physical or emotional violence, sexual abuse, exploitation from family member, guardian or any other person. Based on this act, an action plan has been prepared aiming at providing equal access to Persons with Disabilities including women to reproductive rights. Similarly, Safe Motherhood and Reproductive Health Act ensures disability-friendly services and protection of women with disability. Similarly, National Planning Commission has incorporated plan for Persons with Disabilities under separate heading in the 15th periodic plan of the country.

The panelists put forward their observation on the progress made so far in addressing sexual and reproductive rights of Persons with Disabilities. All the panelists agreed that there have been some progresses in regard to paying attentions to sexual and reproductive health rights of Persons with Disabilities compared to past. The government has been engaging with various organizations and networks working in disability sector. In various committees envisioned by the acts, there has been representation of such organizations. In addition, federal and local governments have been providing conditional grants to such organizations for awareness raising activities and rehabilitation of the Persons with Disabilities.

### 5.2 Major Gaps

#### 5.2.1 Partnership

Nepal government has been partnering and collaborating with non-government organizations working in disability and organization of persons with disabilities. However, partnership should be further widened. For example, a panelist highlighted that there was participation of organizations working in disability while formulating safe Motherhood and Reproductive Health Act but while developing bylaw, they were not consulted. Lack of government's role in facilitating non-government organizations is contributing to the duplication of the programs. So, systematic mobilization of non-government organizations can help remove the duplication. For example, a panelist said in province 1, seven organizations were working where there were overlaps in the works.

#### 5.2.2 Support system

Although policy frameworks have addressed certain issues of health rights of the Persons with Disabilities, absence of enabling factors hinders implementation of policies. Much attentions have been paid to the physical disabilities. A panelist explained:

*"after the National Building Code incorporated provision of disability-friendly physical infrastructure, there has been trend of building ramp in the health facilities. This is good step but all health facilities are not disability- friendly. The needs of other types of disabilities have not been taken care of. For*

*instance, government documents, websites and Information Education and Communication materials are not in easy-to-read format for persons who have visual impairment."*

Nepal government has categorized disability in 10 categories but policies follow blanket approach. So, they are not able to address the needs for each type of disability as their natures differ. Similarly, there is no provision of sign language interpreter in the health facilities that results into miscommunication between health workers and patient. Lack of trained health workforce to deal with Persons with Disabilities are lacking in health facilities.

### 5.2.3 Classification of disability

The Government of Nepal has classified disability into 10 types: physical disability, disability related to vision, disability related to hearing, deaf-Blind, disability related to voice and speech, mental or psycho-social disability, intellectual disability, disability associated with haemophilia, disability associated with autism and multiple disability. The panelists suggested that the categorization of disability as per the Act is inadequate to address needs of various sub-groups within disability. Policies and programs are developed focusing on disability as a whole but they do not consider all the classifications and sub groups within those broader classes. This hurdles the effectiveness in implementing policies and programs.

### 5.2.4 Disintegrated data

All the panelists agreed that one of the barriers in formulating policies for the health rights (including sexual and reproductive health) of Persons with Disabilities is the lack of disintegrated data. A panelists pointed out a huge difference of the data of Persons with Disabilities in Nepal claimed by Nepal government and World Health Organization. The quality of data on Person with Disabilities is poor and confusing. Also the existing Health Management and Information System does not provide disintegrated data on People with Disability. Although data of Persons with Disabilities is recorded in multiple government agencies while delivering services to them, there is no mechanism to compile them. For example, Persons with Disabilities are registered while receiving their entitlements such as social security scheme and educational schemes. However, data are not systematically consolidated. This creates barrier in evidence generation to inform policies.

### 5.2.5 Social Stigma

The panelists agreed that although positive attitude is growing in terms of perceiving disability, stigma is still prevalent in Nepali society. Persons with Disabilities are stigmatized from family to health facilities. It has been less acknowledged in the society that Persons with Disabilities have sexual and reproductive health issues and they might have desire of fatherhood or motherhood. This situation calls for more efforts in awareness raising activities targeted to general people as well as segmented audiences such as health workers.

## 6. Way Forward

- While formulating and implementing policies, laws, and designing programs, Persons with Disabilities should be consulted and engaged thereby making process inclusive and participatory.
- It is necessary to establish a multi-sectoral disability strategy (such as health, education, infrastructure) and action plan that clearly ensures division of responsibility and mechanisms for coordination, monitoring and reporting.
- Government should engage and partner with the organizations and networks of Persons with Disabilities and those working in disability sector while implementing programs designed for Persons with Disabilities.
- Awareness raising is urgent for general population and segmented audiences such as health workers to remove stigma and change wrong perception regarding disability at attitudinal and behavior level.
- Routine auditing of the accessibility of health care units, looking beyond physical accessibility alone is required to inform policies and improve disability services.
- Local level should take the lead to initiate data collection of Persons with Disabilities and create a database in order to generate disintegrate data to help appropriate program design which could also help federal government to embed data at national level.
- Improvements are necessary in existing Health Management and Information System to integrate data regarding multiplicity of the disability.
- Information flow should be disability friendly. Information, Education and Communication materials should be designed in a way that is accessible for all types of disabilities. For example, easy-to-read format, audio, audio visual etc.
- Trainings should be provided to health workforce on disability-friendly services allowing them to understand multiple dimensions of disability and ways to deliver services.
- Government should establish support system to implement policies and acts related to health rights of Persons with Disabilities such as- provision of ramp, sign language interpretation, all type of disability-friendly messaging among other.

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