Country Profile: Nepal

Region: South-Central Asia

Identified policies and legal sources related to abortion:

- Reproductive Health Act
- General Medical Health Act
- Constitution
- Criminal / Penal Code
- Civil Code
- Ministerial Order / Decree
- Case Law
- Health Regulation / Clinical Guidelines
- EML / Registered List
- Medical Ethics Code
- Document Relating to Funding
- Abortion Specific Law
- Law on Medical Practitioners
- Law on Health Care Services
- Other

Related Documents

From Reproductive Health Act:
- The Right to Safe Motherhood and Reproductive Health Act 2018

From Criminal / Penal Code:
- General Code

From Health Regulation / Clinical Guidelines:
- Comprehensive Abortion Care, Integrated Trainers Manual, 2015
- National Medical Standards

From EML / Registered List:
- National List of Essential Medicines, 2011

From Other:
- National Safe Abortion Policy, 2003

List of ratified human rights treaties:

- CERD
- CCPR
- Xst
- OP
- 2nd OP
- CEDAW
- CESCR
- CAT
- CAT-OP
- CEDAW-OP
- CRC
- CRC:OPSC
- CRC:OPAC
- CRC:OPIC
- CMW
- CRPD *
- CED **

Concluding Observations:

- CEDAW
- CESCR
- CRC
- CEDAW

Persons who can be sanctioned:

- A woman or girl can be sanctioned
- Providers can be sanctioned
- A person who assists can be sanctioned

Download data
### Abortion at the woman’s request

**Gestational limit:** 12

### Legal Ground and Gestational Limit

<table>
<thead>
<tr>
<th>Economic or social reasons</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>· General Code (page 378)</td>
<td></td>
</tr>
<tr>
<td>· The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 1)</td>
<td></td>
</tr>
</tbody>
</table>

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

WHO defines health for member states as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Safe Abortion Guidelines, § 4.2.1.5.

**Source document:** WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Foetal impairment</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>· The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks:** 28

**Related documents:**

- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 20)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

**Source document:** WHO Safe Abortion Guidance (page 103)

Laws or policies that impose time limits on the length of pregnancy may have negative consequences for women, including forcing them to seek clandestine abortions and suffer social inequities. Safe Abortion Guidelines, § 4.2.1.7.

**Source document:** WHO Safe Abortion Guidance (page 103)

<table>
<thead>
<tr>
<th>Rape</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Related documents:</strong></td>
<td></td>
</tr>
<tr>
<td>· The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)</td>
<td></td>
</tr>
</tbody>
</table>

**Gestational limit**

**Weeks:** 28

**Related documents:**

- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 20)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The protection of women from cruel, inhuman and degrading treatment requires that those who have become pregnant as the result of coerced or forced sexual acts can lawfully access safe abortion services. Prompt, safe abortion services should be provided on the basis of a woman’s complaint rather than requiring forensic evidence or police examination. Safe Abortion Guidelines, § 4.2.1.3.

**Source document:** WHO Safe Abortion Guidance (page 102)
### Incest

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)

### Intellectual or cognitive disability of the woman

**Related documents:**
- General Code (page 378)
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 1)

### Mental health

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)

### Physical health

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)
Additional Requirements to Access Safe Abortion

### Authorization of health professional(s)

**Yes**

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 7)
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 20)

### Number and cadre of health-care professional authorizations required

1

The texts provide differing descriptions, but include medical practitioner, expert physician, or expert
The sources use different language to describe the requirements women seeking an abortion need to meet. The Safe Abortion Policy refers to "with the advice of a medical practitioner" for abortions at any time during the pregnancy, including particularly after 18 weeks of gestation. The Comprehensive Abortion Care Integrated Reference Manual refers to "the certification of an expert physician." The references in the General Code is: "on the advice of an expert pursuant to the prevailing law that if abortion is not carried out, the life of such a woman may be in danger or the physical or mental health may be deteriorated or a disabled child may be born."

- National Safe Abortion Policy, 2003 (page 6)
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 20)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. The requirement for authorization by hospital authorities may violate the right to privacy and women's access to health care on the basis of equality of men and women. Safe Abortion Guidelines, § 4.2.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

**Additional notes**

The sources use different language to describe the requirements women seeking an abortion need to meet. The Safe Abortion Policy refers to "with the advice of a medical practitioner" for abortions at any time during the pregnancy, including particularly after 18 weeks of gestation. The Comprehensive Abortion Care Integrated Reference Manual refers to "the certification of an expert physician." The references in the General Code is: "on the advice of an expert pursuant to the prevailing law that if abortion is not carried out, the life of such a woman may be in danger or the physical or mental health may be deteriorated or a disabled child may be born." According to The Right to Safe Motherhood and Reproductive Health Act 2018 women have access to abortion with their consent in cases of fetal abnormality "as per the opinion of the health worker involved in the treatment that damage may occur in the womb due to defects occurred in the fetus (gestation), or that there is such defect in the fetus of the womb that it cannot live even after the birth, that there is condition of disability in the fetus (gestation) due to genetic defect or any other cause.

Authorization in specially licensed facilities only

- Yes

**Related documents:**

- National Safe Abortion Policy, 2003 (page 7)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Restrictions on the range of providers or facilities that are authorized to provide abortion reduce the availability of services and their equitable geographic distribution. Safe Abortion Guidelines, § 4.2.2.4.

Source document: WHO Safe Abortion Guidance (page 106)

Judicial authorization for minors

- Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Third-party authorization should not be required for women to obtain abortion services. Safe Abortion Guidelines, § 4.2.2.

Source document: WHO Safe Abortion Guidance (page 105)

Judicial authorization in cases of rape

- Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**

- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018
### Police report required in case of rape

**WHO Guidance**

- The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Laws, policies and practices that restrict access to abortion information and services can deter women from care seeking and create a "chilling effect" (suppression of actions because of fear of reprisals or penalties) for the provision of safe, legal services. Examples of barriers include: requiring third-party authorization from one or more medical professionals or a hospital committee, court or police, parent or guardian or a woman's partner or spouse. Safe Abortion Guidelines, § 4.2.2

**Source document:** WHO Safe Abortion Guidance (page 104)

---

### Parental consent required for minors

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**

- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018

---

### Can another adult consent in place of a parent?

<table>
<thead>
<tr>
<th>Yes</th>
</tr>
</thead>
</table>

**Related documents:**

- National Safe Abortion Policy, 2003

---

### Age where consent not needed

<table>
<thead>
<tr>
<th>16</th>
</tr>
</thead>
</table>

**Related documents:**

- National Safe Abortion Policy, 2003

---

### Spousal consent

<table>
<thead>
<tr>
<th>No</th>
</tr>
</thead>
</table>

**Related documents:**

- National Safe Abortion Policy, 2003

---

**Additional notes**

The Safe Motherhood and Reproductive Health Rights Act stipulates that "a woman [...]. who has not completed the age of eighteen years, her guardian or curator shall have to give consent."
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Related documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound images or listen to foetal heartbeat required</td>
<td>mandatory ultrasound prior to abortion, that hinder access to and timely provision of safe abortion care should be removed.</td>
<td>WHO Safe Abortion Guidance (page 19)</td>
</tr>
<tr>
<td>Compulsory counselling</td>
<td>should not be required for women to obtain abortion services. The requirement for authorization by a spouse may violate the right to privacy and women’s access to health care on the basis of equality of men and women.</td>
<td>WHO Safe Abortion Guidance (page 105)</td>
</tr>
<tr>
<td>Compulsory waiting period</td>
<td>should consider eliminating waiting periods that are not medically required, and expanding services to serve all eligible women promptly.</td>
<td>WHO Safe Abortion Guidance (page 107)</td>
</tr>
<tr>
<td>Mandatory HIV screening test</td>
<td>should be voluntary, confidential, non-directive and by a trained person.</td>
<td>WHO Safe Abortion Guidance (page 46)</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Other mandatory STI screening tests</td>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td>Prohibition of sex-selective abortion</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Restrictions on information provided to the public</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Restrictions on methods to detect sex of the foetus</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Requirements for HIV and other tests that are not clinically indicated are potential service-delivery barriers. Safe Abortion Guidelines, p 88.

**Source document:** WHO Safe Abortion Guidance (page 88)

**Related documents:**
- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

In situations where abortion is restricted for sex selection purposes, terminating a pregnancy for this reason is likely to involve an unsafe procedure carrying high risks. Any policies or guidelines on the use of technology in obstetric and fetal medicine should take into account the need to ensure women’s access to safe abortion and other services - efforts to manage or limit sex selection should also not hamper or limit access to safe abortion services. Preventing gender-biased sex selection: an interagency statement, p 10 - Recommendation.

**Source document:** Preventing Gender-Biased Sex Selection (page 17)

**Related documents:**
- National Safe Abortion Policy, 2003 (page 8)
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 8)
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 20)

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

States should refrain from limiting access to means of maintaining sexual and reproductive health, including censoring, withholding or intentionally misrepresenting health-related information. Safe Abortion Guidelines, § 4.2.2.7.

**Source document:** WHO Safe Abortion Guidance (page 107)

**Related documents:**
- General Code (page 378)

No one shall commit or cause to be committed an act to identify (determine) the gender of the fetus for the purpose of committing the offence of abortion.

**Related documents:**
- General Code (page 378)
Clinical and Service-delivery Aspects of Abortion Care

### National guidelines for induced abortion

Yes, guidelines issued by a professional body or non-governmental organization that are endorsed by the government

#### Related documents:
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 1)
- Comprehensive Abortion Care, Integrated Trainers Manual, 2015 (page 1)

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

#### Source document: WHO Safe Abortion Guidance (page 75)

### Methods allowed

#### Vacuum aspiration

Yes (12 WEEKS)

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 116)

#### Dilatation and evacuation

Not specified


#### Combination mifepristone-misoprostol

Yes (9 WEEKS)

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 108)

#### Misoprostol only

Not specified


#### Other (where provided)

---

### WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Vacuum aspiration is the recommended technique of surgical abortion for pregnancies of up to 12 to 14 weeks of gestation. The procedure should not be routinely completed by dilatation and sharp curettage (D&C). Safe Abortion Guidelines, Executive Summary, Box 1- Recommendation.

#### Source document: WHO Safe Abortion Guidance (page 123)

Dilatation and evacuation (D&E) and medical methods (mifepristone and misoprostol; misoprostol alone) are both recommended methods for abortion for gestations over 12 to 14 weeks. Safe Abortion Guidelines, Executive Summary, Box 3- Recommendation.

#### Source document: WHO Safe Abortion Guidance (page 123)

The recommended method for medical abortion is mifepristone followed by misoprostol (regimen differs by gestational age). Safe Abortion Guidelines, Executive Summary, Box 2- Recommendation.

#### Source document: WHO Safe Abortion Guidance (page 13)
Country recognized approval (mifepristone / mife-misoprostol)
Yes

Related documents:
- National List of Essential Medicines, 2011

Pharmacy selling or distribution
Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- National List of Essential Medicines, 2011

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Chemists/pharmacists can help women avoid unintended pregnancy through provision of accurate contraceptive information, pregnancy tests, contraceptive methods and referral to safe abortion services. Safe Abortion Guidelines, § 3.3.1.1.

Source document: WHO Safe Abortion Guidance (page 13)

Additional notes

The National List of Essential Medicines states that Mifepristone and Misoprostol in combination "requires close medical supervision" and is "approved for abortion services only in listed sites."

Country recognized approval (misoprostol)
Yes, indications not specified

Related documents:
- National List of Essential Medicines, 2011

Misoprostol allowed to be sold or distributed by pharmacies or drug stores
Not specified

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

- National List of Essential Medicines, 2011

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The combination of mifepristone and misoprostol for medical abortion is included on the WHO model list of essential medicines. Safe Abortion Guidelines, § 2.2.5

Source document: WHO Safe Abortion Guidance (page 54)

Where can abortion services be provided

Related documents:
- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018

Primary health-care centres
Not specified

- National Safe Abortion Policy, 2003
- The Right to Safe Motherhood and Reproductive Health Act, 2018

Secondary (district-level) health-care facilities
Not specified

- National Safe Abortion Policy, 2003
National guidelines for post-abortion care

Where can post-abortion care services be provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Availability</th>
<th>Source Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
<td>National Safe Abortion Policy, 2003, The Right to Safe Motherhood and Reproductive Health Act, 2018</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
<td>National Safe Abortion Policy, 2003 (page 7)</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Yes</td>
<td>National Safe Abortion Policy, 2003 (page 7)</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>A licensed health institution</td>
<td>The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 8)</td>
</tr>
</tbody>
</table>

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Abortion services should be available at primary-care level, with referral systems in place for all required higher-level care. Safe Abortion Guidelines, Executive Summary, Box 6: Recommendation.

Source document: WHO Safe Abortion Guidance (page 18)

National guidelines for post-abortion care

Yes, guidelines issued by the government

Related documents:
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 1)
- Comprehensive Abortion Care, Integrated Trainers Manual, 2015 (page 1)

WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Standards and guidelines should be developed and updated with the intent of eliminating barriers to obtaining the highest attainable standard of sexual and reproductive health. Safe Abortion Guidelines, § 3.3. Standards and guidelines should cover: types of abortion service, where and by whom they can be provided; essential equipment, instruments, medications, supplies and facility capabilities; referral mechanisms; respect for women’s informed decision-making, autonomy, confidentiality and privacy. Safe Abortion Guidelines, p. 63.

Source document: WHO Safe Abortion Guidance (page 75)

Where can post-abortion care services be provided

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<thead>
<tr>
<th>Category</th>
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<th>Source Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary health-care centres</td>
<td>Yes</td>
<td>National Safe Abortion Policy, 2003 (page 7)</td>
</tr>
<tr>
<td>Secondary (district-level) health-care facilities</td>
<td>Yes</td>
<td>National Medical Standards (page 139)</td>
</tr>
<tr>
<td>Specialized abortion care public facilities</td>
<td>Not specified</td>
<td>National Safe Abortion Policy, 2003</td>
</tr>
<tr>
<td>Private health-care centres or clinics</td>
<td>Yes</td>
<td>National Safe Abortion Policy, 2003 (page 9)</td>
</tr>
<tr>
<td>NGO health-care centres or clinics</td>
<td>Yes</td>
<td>National Safe Abortion Policy, 2003 (page 9)</td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Health facilities which fulfil criteria to be certified as PAC sites.</td>
<td></td>
</tr>
</tbody>
</table>
**Contraception included in post-abortion care**

Yes

**Related documents:**
- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 57)

---

**Insurance to offset end user costs**

No data found

---

**Who can provide abortion services**

<table>
<thead>
<tr>
<th>Role</th>
<th>Yes</th>
<th>No data found</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Midwife/nurse-midwife</td>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td>Doctor (specialty not specified)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Specialist doctor, including OB/GYN</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other (if applicable)</td>
<td>Senior Auxiliary Nurse Midwives</td>
<td></td>
</tr>
</tbody>
</table>

**Related documents:**
- National Safe Abortion Policy, 2003 (page 7)
- The Right to Safe Motherhood and Reproductive Health Act, 2018 (page 8)
Conscientious Objection

Related documents:

Individual health-care providers who have objected are required to refer the woman to another provider

Yes

Conscientious objection is only permitted when the woman's life or health are not in danger.

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 26)
<table>
<thead>
<tr>
<th>Private sector providers</th>
<th><strong>Related documents:</strong></th>
</tr>
</thead>
</table>

**Individual health-care providers who have objected are required to refer the woman to another provider**

- Yes

Conscientious objection is only permitted when the woman's life or health are not in danger.

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 26)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

Conscientious objection is only permitted when the woman's life or health are not in danger.

<table>
<thead>
<tr>
<th>Provider type not specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Related documents:**


**Individual health-care providers who have objected are required to refer the woman to another provider**

- Yes

Conscientious objection is only permitted when the woman's life or health are not in danger.

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 26)

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

Conscientious objection is only permitted when the woman's life or health are not in danger.

<table>
<thead>
<tr>
<th>Neither Type of Provider Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Related documents:**


**Individual health-care providers who have objected are required to refer the woman to another provider**

- Yes

Conscientious objection is only permitted when the woman's life or health are not in danger.

- Comprehensive Abortion Care Integrated Reference Manual, 2015 (page 26)
### Public facilities

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

Health-care professionals who claim conscientious objection must refer the woman to another willing and trained provider in the same, or another easily accessible health-care facility. Where referral is not possible, the health-care professional who objects, must provide safe abortion to save the woman's life, to prevent serious injury to her health and provide urgent care when women present with complications from an unsafe or illegal abortion. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

Conscientious objection is only permitted when the woman's life or health are not in danger.

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018

### Private facilities

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018

### Facility type not specified

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.

**Related documents:**
- The Right to Safe Motherhood and Reproductive Health Act, 2018

### Neither Type of

**WHO Guidance**

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

The respect, protection and fulfilment of human rights require that governments ensure abortion services, that are allowable by law, are accessible in practice. Safe Abortion Guidelines, § 4.2.2.5.

**Additional notes**

When there is no explicit reference to an issue covered in the questionnaire in the relevant document(s), this is noted and no interpretation was made.
Indicators

Country specific information related to sexual and reproductive health indications. As data for the Sustainable Development Goal (SDG) indicators related to sexual and reproductive health become available, these will be provided, through periodic updates.

Goal 1. End poverty in all its forms everywhere

1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
No data

1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable
No data

1.a.2 Proportion of total government spending on essential services (education, health and social protection)
No data

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1.1 Maternal mortality ratio
186 (2017)

3.1.2 Proportion of births attended by skilled health personnel
No data

3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
No data

3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group
60.5 (2015-2020)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population
No data

3.c.1 Health worker density and distribution
No data

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end
of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

Goal 5. Achieve gender equality and empower all women and girls

5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and nondiscrimination on the basis of sex

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18

5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education

5.a.1 (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and (b) share of women among owners or rights-bearers of agricultural land, by type of tenure

5.b.1 Proportion of individuals who own a mobile telephone, by sex

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

8.5.2 Unemployment rate, by sex, age and persons with disabilities

Goal 10. Reduce inequality within and among countries

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months
16.2.2 Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation

| No data |

16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18

| No data |

16.3.1 Proportion of victims of violence in the previous 12 months who reported their victimization to competent authorities or other officially recognized conflict resolution mechanisms

| No data |

16.5.1 Proportion of persons who had at least one contact with a public official and who paid a bribe to a public official, or were asked for a bribe by those public officials, during the previous 12 months

| No data |

16.6.1 Primary government expenditures as a proportion of original approved budget, by sector (or by budget codes or similar)

| No data |

16.6.2 Proportion of the population satisfied with their last experience of public services

| No data |

16.7.1 Proportions of positions (by sex, age, persons with disabilities and population groups) in public institutions (national and local legislatures, public service, and judiciary) compared to national distributions

| No data |

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age

| No data |

16.10.1 Number of verified cases of killing, kidnapping, enforced disappearance, arbitrary detention and torture of journalists, associated media personnel, trade unionists and human rights advocates in the previous 12 months

| No data |

16.b.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law

| No data |

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

17.8.1 Proportion of individuals using the Internet

| No data |

### Additional Reproductive Health Indicators

<p>| Percentage of married women with unmet need for family planning | 23.7 (2016) |
| Percentage of births attended by trained health professional | 58 (2017) |
| Percentage of women aged 20-24 who gave birth before age 18 | 19 (2009-2013) |
| Total fertility rate | 1.917 (2018) |
| Legal marital age for women, with parental consent | No data |
| Legal marital age for women, without parental consent | 20 (2009-2017) |</p>
<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Inequalities Index (Value)</td>
<td>0.048</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequalities Index (Rank)</td>
<td>118</td>
<td>2017</td>
</tr>
<tr>
<td>Mandatory paid maternity leave</td>
<td>no</td>
<td>2020</td>
</tr>
<tr>
<td>Median age</td>
<td>24.6</td>
<td>2020</td>
</tr>
<tr>
<td>Population, urban (%)</td>
<td>19.74</td>
<td>2018</td>
</tr>
<tr>
<td>Percentage of secondary school completion rate for girls</td>
<td>0.45</td>
<td>2013</td>
</tr>
<tr>
<td>Gender parity in secondary education</td>
<td>1.073</td>
<td>2019</td>
</tr>
<tr>
<td>Percentage of women in non-agricultural employment</td>
<td>73.4</td>
<td>2017</td>
</tr>
<tr>
<td>Proportion of seats in parliament held by women</td>
<td>29.6</td>
<td>2017</td>
</tr>
<tr>
<td>Sex ratio at birth (male to female births)</td>
<td>1.07</td>
<td>2018</td>
</tr>
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</table>