Early Impacts of the Expanded Global Gag Rule in Nepal

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INTERNATIONAL WOMEN'S HEALTH COALITION

Established in July 1994, Center for Research on Environment Health and Population Activities (CREHPA) is a not-for-profit research organization based in Kathmandu, Nepal. The organization conducts policy relevant research on population, reproductive and sexual health and rights including on gender-based violence in collaboration with government ministries, universities, bilateral, multi-lateral agencies and international non-governmental organizations. Results of policy research are disseminated widely and utilized for advocacy to influence law and policy decisions.

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The International Women's Health Coalition advances the sexual and reproductive health and rights of women and young people, particularly adolescent girls, in Africa, Asia, Eastern Europe, Latin America, and the Middle East. IWHC furthers this agenda by supporting and strengthening leaders and organizations working at the community, national, regional, and global levels, and by advocating for international and U.S. policies, programs, and funding.

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The Study Team

Abbreviations

ANC	Antenatal Care
CSO	Civil Society Organization
CREHPA	Centre for Research on Environment Health and Population Activities
GGR	Global Gag Rule
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
INGO	International Non-Government Organization
IWHC	International Women's Health Coalition
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NGO	Non-Governmental Organization
PEPFAR	President's Plan for Emergency Relief for AIDS
PLGHA	Protecting Life in Global Health Assistance
SRHR	Sexual and Reproductive Health and Rights
US	United States
USG	United States Government
USAID	United States Agency for International Development

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1. Background

Prior to its amendment in 2002, Nepal's abortion law was highly restrictive and abortion was permitted only to save a woman's life.[1] Moreover, unsafe abortion was common, and deaths from abortion-related complications accounted for more than half of maternal deaths that occurred in major hospitals. In 2002, the Country Code of Nepal (Muluki Ain) was amended to make abortion available up to 12 weeks gestation on request, up to 18 weeks gestation in cases of rape or incest, and at any time if the pregnancy poses a danger to the women's life, or physical or mental health, or if there is a fetal abnormality.[2] In 2018, the Safe Motherhood and Reproductive Health Rights Act (RH Act) was approved by the Parliament and endorsed by the President of Nepal. Unlike the previous legal provisions that only provided for legal exceptions to the general ban on abortion, the RH Act has taken a progressive approach, recognizing women's rights to abortion as a human right. Accordingly, abortion is permitted with the consent of a pregnant woman up to 12 weeks of gestational age, and a pregnancy of up to 28 weeks of gestational age resulting from rape or incest or in situations where the woman suffers from HIV or other similar types of incurable diseases. [3] Abortion is also permitted in circumstances where a legally recognized medical practitioner prescribes that a failure to undertake an abortion may pose a threat to the life of the pregnant woman or adversely affect her mental or physical health or cause birth of a deformed fetus. Furthermore, the RH Act prohibits abortion without the consent of the concerned pregnant woman.

Over the past 15 years, the Ministry of Health and Population has developed strategies to implement the law and expand access to safe and legal abortion. In addition, since 2016, the Nepal government has been providing safe abortion services from all public facilities free of cost.[4] The recently passed RH Act also emphasizes ensuring access to safe abortion services and maintaining confidentiality of service provision at health facilities. Furthermore, the law also urges all levels of government to ensure the availability of funding to fulfill the government's commitment in providing free abortion care.[3,5] Nevertheless, many women in Nepal continue to face barriers to obtaining safe and legal abortion. Obstacles include lack of awareness of the legal status of abortion, inaccessibility of services, lack of transport to approved facilities, gender norms that hinder women's decision making autonomy, the often-prohibitive cost of the procedure, and fear of abortion-related stigma. [6-8]

Despite these challenges, Nepal has made significant improvement in women's health status in recent years. Nepal had achieved or was on track for most of its health related Millennium Development Goals (MDGs), including reduction in maternal and child mortality, reduction in total fertility rate, increased births attended by skilled birth attendants, and increased antenatal care.[9,10] Maternal mortality ratios also decreased between 1996 and 2016 (from 539 in 1996 per 100,000 live births to 239 in 2016).[6] The contraceptive prevalence rate among currently married women of reproductive age has increased from 26% in 1996 to 53% in 2016, though the use of modern contraceptives has remained stagnant at 43% since 2006.[6] Total fertility rate has also dropped from 4.6 in 1996 to 2.3 in 2016. Despite all these achievements, health disparities across gender, regions, and social groups remain.[10] In addition, unsafe abortions - that is, procedures carried out by an unapproved provider and in an unapproved facility, potentially under unsafe conditions and using unsafe methods - remain a concern in Nepal. An estimated 323,000 abortions were performed in Nepal in 2014, of them, 58% were provided by untrained or unapproved or induced by the pregnant woman herself.[11]

Though Nepal's government is committed to providing better health services to its people, this is generally not reflected in the budget allocation. The percentage of the health budget has decreased by 1.7% from 6.1% in fiscal year 2013/14 to 4.4% in fiscal year 2017/18 including the health budget allocated to the local level.[12] As one of the largest health sector donors, the US Agency for International Development (USAID) has a strong and collaborative partnership with the Government of Nepal towards improving the survival and quality of life of all Nepali through equitable and well-governed health systems. Global health assistance from USAID in Nepal has focused on a range of interventions, including improving childhood nutrition, reducing newborn deaths, supporting the use of social marketing to improve the quality of health commodities, improving sanitation an access to safe drinking water, and the provision of essential health services for vulnerable and hard-to-reach populations.[13,14] In 2018, USAID obligated 102 million US dollars for Nepal, and of this, 36 million was for health and population.[14] Regressive restrictions placed on support of this scale will undermine Nepal's ability to sustain this progress and to meet global health targets like the Sustainable Development Goals (SDGs) by 2030.

On January 23, 2017, US President Donald Trump reinstated and expanded the Mexico City Policy, also known as the Global Gag Rule (GGR) to "all global health assistance furnished by all departments or agencies."[15] The implementation plan for this policy, called "Protecting Life in Global Health Assistance" was announced in May 2017. The policy makes it so that foreign (non-United States) organizations receiving US global health assistance cannot to use their own, non-US funds to provide information, referral, or services for abortion and advocate for legalization of abortion services in their country.[16] The GGR defines that the only abortion services that are not considered "a method of family planning" are in the cases of rape or incest, or if the life of a pregnant woman would be endangered by the fetus they're carrying. The non-US NGOs now need to clarify that they do not actively perform, promote, or advocate abortion as a method of family planning, and adhere to this provision as a condition to receive this reward.[17] In addition, the previous versions of the Global Gag Rule were concentrated specifically on US family planning funds.[18] The Trump version of the policy expands its restriction, applying not only to family planning and reproductive health funding, but all US global health funding, including The President's Plan for Emergency Relief for AIDS (PEPFAR), tuberculosis, malaria, infectious diseases, neglected tropical diseases, and water, sanitation, and hygiene programs.[18] A recently published article on the policy highlights that delivery of reproductive health services has slowed in African nations after the reinstatement of the Global Gag Rule, leaving poor people deprived of critical health care.[19] The scenario may not be different in case of Nepal. Many national and international organizations in Nepal that have been providing and promoting reproductive health services, including abortion, are likely to be impacted by this expanded GGR.

2. Objectives of the study

The main objective of this study is to contribute to the generation of evidence documenting the impact of the United States Government's expanded GGR on sexual and reproductive health and rights (SRHR) and related services in Nepal. More specifically, this study aims to:

- Understand how US Government policies on SRHR, particularly the GGR, are perceived, understood, and interpreted by key stakeholders (civil society organizations, abortion service providers, opposition groups, government officials, and policy makers);

- Determine what effect US Government policies on SRHR, particularly the GGR, have on civil society organizations, including those working SRHR, HIV, global health, women's rights, and opposition groups;
- Document the effect of US Government policies, particularly the GGR, on the political discourse about SRHR;
- Understand how organizations that work to defend and expand access to SRHR are mitigating the effects of the GGR; and,
- Monitor how the media references US Government policies and the GGR with respect to SRHR, abortion, and women's rights.

3. Study Methodology

Three major approaches were used to collect the data in this study. These included stakeholder mapping, in-depth interviews with key stakeholders, and media review.

3.1 Stakeholders mapping

First of all, we conducted stakeholders mapping in order to identify main stakeholders working in the areas of sexual and reproductive health and rights, HIV/AIDS, and women's rights and likely to be impacted by the expanded GGR in Nepal. Stakeholder mapping was conducted through one-to-one meetings with key informants who were well placed to understand these issues in Nepal. Key informants for initial meetings were selected through our own existing networks, and in consultation with the organizations working in these areas. A list of 40 central level stakeholders (in Kathmandu) and 20 stakeholders in three provinces (Province 1, 3, and 6) were identified and included them as potential participant for in-depth interviews.

3.2 In-depth interviews

After identifying stakeholders through stakeholder mapping, we conducted in-depth interviews with 39 selected key stakeholders (25 within Kathmandu valley and 14 outside of the valley). Participants were selected purposely to capture a wide range of roles, experiences, and perspectives. The aim of the interviews was to gain insights from those with direct experience of designing and implementing sexual and reproductive health and rights related programs in Nepal. The focus was on how the expanded GGR has had an impact on their work and ongoing efforts to mitigate the negative impacts, if any, in Nepal. As interviews were completed, staff assessed study areas in which information was still lacking, and selected remaining participants who might be able to provide rich information in those areas.

We adopted in-depth interviews guidelines developed by the International Women's Health Coalition (IWHC) in English and translated them into Nepali. Topics included in the interview ranged from background characteristics of participants; whether or not they received US funding; knowledge of US polices on SRHR; knowledge, understanding, and perceptions of the GGR; sources of information about the policy; past experiences with the GGR; knowledge, understanding, and perceptions on the current, expanded version of the

GGR; and, effects of the expanded GGR. We pre-tested the interview guide with three participants to assess question phrasing, question sequencing, and overall comprehension. Based on the results from this pre-testing, we modified the interview guidelines.

At the start of each interview, participants were asked to review and sign an informed consent form. They were given the opportunity to ask as many questions as they had regarding the study overall and the interview process specifically. After obtaining signed informed consent, three trained researchers (excluding a colleague from IWHC who conducted five interviews) conducted the interview (mostly in pairs) in a preferred place of participants. Most participants preferred to give interviews at their office room. Most of the interviews were conducted in the Nepali language (32 in Nepali and seven in English). On an average the interview lasted about 38 minutes, though the interview ranged between 13 and 90 minutes. A few interviews took longer time since there was interruption during the interview and/or provided a longer description about their organizations. Except three, all interviews were audio-recorded with permission from participants. Of those approached, only three potential participants declined to interview.

3.3 Media monitoring

Media archives were searched for references to the GGR from when it was signed (January 2017) until the end of July 2018. Articles were screened for relevance and analyzed using discursive and content analysis. The identified archives to search media contents included Nepalese online news portal and central library of Tribhuwan University, where published newspapers are stored. For online news Google was used. For newspapers, news headings were reviewed. Key words used for review were Global Gag Rule, GGR, Expanded GGR, Trump's policy on SRHR, Mexico City Policy, SRHR policies of US, PLGHA, US funding, and abortion etc. On the basis of these key words only six relevant news items were found that covered Trump's expanded GGR. The identified news was then reviewed by the team members. A summary of each news was prepared and used for further analysis.

3.4 Data management and analysis

In-depth interviews were transcribed word-for-word, and translated into English if in Nepali. For the three participants who did not consent to audio-recording, detailed notes were taken and expanded immediately after the interviews. Identifying information was separately kept and no one except core study team members had access to any identifiable information. However, due to the use of evidence for advocacy purposes in this study, we sought informed consent whether any participants voluntarily would like to disclose their names and organizational affiliation in any dissemination materials, including the study report. Twenty-one (13 from Kathmandu and 8 from outside of Kathmandu) consented to disclose their names and organization affiliation in dissemination materials.

Thematic analysis was done using computer software called Dedoose. All transcripts were uploaded in Dedoose and coded on the basis of code definitions. We then summarized the findings and identified supporting quotations from the transcripts. Due to limited coverage and publication of news/articles about GGR we reviewed the content and summarized the main message and included in the report.

3.5 Ethical approval

This study was approved by the Nepal Health Research Council.

4. Findings

4.1 Profile of participants

A total of 39 key stakeholders were interviewed in-depth for this study. The background of participants varied widely from higher level government officials to Civil Society Organizations (CSOs) to anti-abortion groups. Out of the 39 participants interviewed, 15 were from civil society organizations working on SRHR, seven from international organizations, seven from government organizations, three parliamentarians of major political parties, three journalists, two academics, one from a UN agency, and one anti-abortion group. Most participants were males (27 out of 39) and had three to 30 years of experiences in SRHR areas, particularly on family planning and abortion care services, advocacy and policy making, and dissemination.

Seven out of the 39 participants reported that they have received US Government funding as sub-recipient and one reported receiving funding directly from the US Government. One participant chose not to disclose the funding source of the organization.

4.2 Knowledge and understanding about GGR is limited

Most of the participants (30 out of 39) had a little or no knowledge or understanding of the GGR. Out of the 39 participants, 13 never heard the term the GGR, and 17 had heard about the term GGR but didn't know what it entails. Only 9 participants could explain the GGR, but they did not mention which areas were covered by the expanded version. Of the participants who explained the GGR, they commonly described it as cutbacks in funding on SRHR by the US Government.

Those 13 participants who had never heard about the GGR were mostly from CSOs at provincial level followed by women rights organizations, government, and academics at central level. Surprisingly, most of the participants working in the areas of SRHR also didn't know about this policy and its expanded form in detail. A few participants said that they heard about this policy for the first time from the study team. For example, an academic who has been working in SRHR for the past 26 years said:

> *I didn't know about GGR and also didn't know about the expanded GGR. Only after communicating with you [the study team], I came to know about this policy…The general knowledge I have obtained is through you and other sources such as internet.*
>
> - ID 09, Academic

A director of an international non-government organization (INGO) shared that misinformation about this policy exists among organizations at local level and suspected that the policy might have been interpreted in a wrong way, making people unnecessarily worried. Four participants (three from central level and one from provincial level) expressed confusion

and misinformation regarding this policy. Participants also seemed confused about whether the policy applies to the Nepali government. Moreover, while explaining this policy, they believed it was wider in scope and included areas not covered by the policy, such as health insurance. For example, a director from a youth-led organization involved in advocacy for SRHR interpreted this policy as the restriction of funding in all aspects related to abortion:

> *We know about GGR which is also called Mexico City Policy. This policy restricts funding for abortion related services or counseling or any kind of work that is related to abortion.*
>
> - ID 20, National coordinator, CSO

Only nine participants explained the GGR in detail. All the participants were from organizations at central level I/NGOs. Most of them were US-funded and therefore affected by the policy. However, they lacked a comprehensive understanding of the expanded GGR. For example, participants did not mention the full scope of the policy and how it applies to health beyond family planning, such as TB/malaria, HIV/AIDS, and nutrition. Only one participant from an INGO at the center level correctly mentioned that this policy is not applied in case of rape or incest and another participant from a service providing organization mentioned that it applies only to comprehensive abortion care (CAC) services.

> *I think previously it was just to the organizations providing abortion services. But now it has been expanded in the areas of HIV and malaria. These organizations will not be entitled for US funding as per my knowledge. My understanding is any organization, any non-US organization, providing CAC services are not entitled for any funding from US Government under this policy.*
>
> -ID 18, Executive Director, SRHR Service delivery organization

> *Before this Gag rule, if any organization is working with USAID or US Government fund and at the same time, they're working with other organizations on abortion related and reproductive health related activities; the US Government did not have any problem. But in current Global Gag rule, it applies not only to US Government fund but organization cannot work on SRHR field using others fund. Therefore, they either take US Government fund and not to work on abortion or rely on other donors and work on abortion. Any organization cannot take fund from both donors (US Government and Non-US) to work together.*
>
> - ID 03, Country Director, INGO

Major sources of information about the GGR among participants included the internet, donors, meetings, or information shared by network organizations.

4.3 GGR is described as a wrong policy that will have damaging impact in women's health

While about a third participants (13 out of 39) had never heard about the expanded GGR, those who knew of it (eight out of 39) expressed strong displeasure towards the policy. Most of them described the rule as "wrong," "severe," and "damaging." They thought that, in the context of Nepal, where abortion is legally permitted, the policy violates the legal rights afforded to Nepali women and harms their health.

For example, two participants working in international NGOs said:

> *This Global Gag Rule is totally against the spirit of our constitution. Our constitution envisioned to provide free delivery and family planning services for all women but this policy has directly impacted on our work in proving family planning and other reproductive health services.*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

> *I think it's damaging on women's health… cut in the funding of NGOs in a very mechanical way will severely compromise their ability to deliver the services which directly impacts women's health lives.*
>
> - ID 23, Senior Official, UN agency

When participants who didn't know about the GGR were explained the policy by the study team, they perceived the policy to be "regressive," "feudal," "not friendly," and "restrictive." Participants mentioned that the policy had been reinstated without consideration of its consequences. Moreover, participants working in CSOs at the province level opined that such policies suppress them and restrict their scope of work.

> *[The] American President has applied the policy without thinking the impacts this can have to others. This is not right. Globally, voices are raised for health as a basic right… it feels this policy intends to suppress us and restrict us in our work.*
>
> - ID 27, Chairperson, CSO

Participants representing women's rights organizations and RH service providers were surprised regarding the implementation of the policy in Nepal since it conflicts with national law that ensures a person's legal right to abortion. They thought that the GGR hinders Nepali women's ability to exercise their reproductive rights that ensures a person's legal right to abortion. The policy disempowers women and keeps them from making their own health care decisions. The GGR could be a major setback to developing countries like Nepal. For example, an academic conveyed her concerns:

> *We legalized abortion and thousands of women are getting safe abortion services. Limiting the rights that women have been receiving doesn't make any sense… Such rules are against women's welfare and prevents women to get empowered and make decision. The concept of, "my body, my right" came from developed countries and now they are undermining women's voices… We should be given to grow and fly (to women) but they're cutting down our wings, it seems. This policy will hinder women's empowerment and exercising their legal rights.*
>
> - ID 09, President, Professional Organization

A few participants (three female, including one parliamentarian) showed their frustration with the policy and power imbalance that developed countries have over developing nations. They perceived the GGR as contrary to global norms on equality because the burden will be felt disproportionately by developing countries. For example, two female participants who have more than 20 years of working experience in SRHR expressed their dissatisfaction:

> *This rule is against global norms. You can have your say within your country and your [political] party, but I don't know why any country or donors [have]*

> *this type of power. This also has to do with the power structure in the entire development paradigm. This is not just one reproductive health and rights issue; it is the issue of power of rich nations.*
>
> - ID 12, Executive Director, NGO

> *It (GGR policy) is absolutely wrong. This is not the policy but it's a way to threaten global community through their (US) policies. It's a rule that's not even based on common sense.*
>
> - ID 08, Executive Director, NGO

Participants who had experienced previous version of the GGR believed that the expanded policy would have greater negative impact than the previous version of GGR. For example:

> *We (organization) were less affected before because we had more funds. But now, we are in a more constrained environment. We have less external funding and domestic financing hasn't increased so far. So, this policy looks more severe now than before.*
>
> - ID 23, Senior Official, UN agency

> *[The] organization will have to work in a constrained environment now or they are likely to lose projects or cut down their staffs and operation because of this rule."*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

4.4 Threatening recent improvements made in women's health

Participants thought that the policy threatens recent improvements Nepal has made in women's health. Participants, particularly those representing women's rights civil society organizations, mentioned that after a long battle, women in Nepal are exercising their reproductive rights and the country has achieved reduction in maternal mortality and morbidity, but the policy is threatening their rights and halting the progress the nation is currently making.

> *The evidence shows that teenage pregnancy and unsafe abortion is already very high. If we don't have funding from external sources then obviously there'll be difficulty in solving this problem. Unsafe abortion may increase... Even though maternal mortality has decreased in recent years...., this situation (implementation of GGR) will reverse back.*
>
> - ID 20, National Coordinator, CSO

Most participants perceived the policy as a big threat to women's health in Nepal. They believed that the policy could hinder their project activities related to service provision and to their partner organizations. This leads to lack of information on family planning resulting in unwanted pregnancies. In addition, due to a lack of information and the unavailability of abortion services, women will seek out unsafe abortion. This will ultimately result in increased maternal mortality, morbidity, and other negative reproductive health outcomes for women. One participant explained:

> *Women should be given [the opportunity] to decide whether to take the pregnancy ahead or not. If there is unwanted pregnancy, its extreme result can be suicide, untimely death, including long term uterus and organ complications. So, the GGR is making decision on women's reproductive right which is completely wrong.... instead women should have right to say, "my body my control, my body my right, my body my decision"*
>
> - ID 03, Country Director, INGO

4.5 Creating funding gaps and halting implementation of US funded programs

Three US Government funded organizations promoting safe abortion and family planning in Nepal are already facing cutbacks in funding after the implementation of the GGR. These organizations were receiving US Government funds for projects related to family planning, but are now closed down or have reduced funding because they refused to sign the policy. Besides funding cuts, these organizations have been facing challenges to continue and sustain their ongoing projects and have had to cut down their activities. They will also need to reduce the duration of these projects - a huge loss to the SRHR sector in Nepal. For example, one US Government funding recipient said:

> *As soon as we refuse to sign the policy (GGR), the money will not come to us. That is the situation we are in. So, the US Government funded project which was supposed to continue for one more year will now be closed a year ahead.*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

The majority of participants from central level I/NGOs believed that GGR will directly affect the Support to International Family Planning Organization (SIFPO-2) project. SIFPO-2 is a four-year USAID-funded project to support the government in increasing access to and use of quality family planning services in Nepal.[20] The project focuses on capacity building and systems strengthening in provision of family planning services in districts with hard-to-reach areas.[20] I/NGOs with substantial experience promoting safe abortion services in Nepal had been tasked with implementing the project. The project would have extended until [the end of] 2018, but due to the GGR, the implementing organizations started constricting activities in early 2018 and were eventually compelled to end the project entirely before the scheduled completion date. One of its implementing partners that refused to sign the GGR said:

> *We have minimized our programs from Feb-March, 2018 onwards. We've stopped our outreach services in 11 districts. From September 2018 onward there won't be any support in those districts. There won't be any coaching and mentoring activities to the government health service providers. There won't be any behavior change communication activities and trainings from the end of August 2018.*
>
> - ID 18, Executive Director, SRHR service delivery organization

Most participants from the central level who knew of the GGR believed that the policy will ultimately hinder SRHR service delivery, particularly family planning, and obstruct access to services in hard-to-reach areas of Nepal.

Organizations whose US funding has been reduced or stopped have started searching for other funding agencies to support to their programs in Nepal. One of the INGOs that support the government in commodities supply has started prioritizing and reducing the number and scale of programs for the upcoming year. Moreover, other, non-US funders shared that they have been pressured to fulfill funding gaps created by this policy. They further shared that they have increased their funding fill gaps created by the GGR in Nepal. For example, a participant from a donor organization said:

> *We are receiving more applications/requests for funding. We have to give more money now to those organizations whose funding from US Government has stopped due to this policy…There will be impact and pressure for bigger donors like us.*
>
> - ID 11, Senior Official, Bilateral organization

Several organizations directly affected by the policy are also looking for domestic financing opportunities, particularly from the government, so that their programs won't be affected. They shared that there have been some discussions with the government but no decision has been made so far. Other organizations who are not directly affected by the policy also assumed that government is the entity for support in fulfilling funding gaps created by the GGR.

4.6 Government's regular programs are also being affected

Different I/NGOs provide financial as well as technical support to the Ministry of Health and Population in implementing SRHR services including safe abortion.[4] Participants from government and national and international non-governmental organizations shared that the government does not have enough capacity and trained human resources to provide SRHR services all over the country, particularly in hard-to-reach areas. They also proclaimed that this policy could not only affect CSOs but also government and citizens. For example, a government official said:

> *If we do not have enough resources, we ourselves will not be able to continue our program…We do have many programs on SRHR but we are also supported by other organizations. In such scenario, when the funding stops, I feel that it will create difficulty not only our partner organization but also to the government and the public.*
>
> - ID 33, Senior Government Official**,** Province 3

A participant from an organization that has been implementing a US Government funded project but had to stop early because of this policy shared:

> *Our project is to strengthen the government system. When the project isn't there, how can we strengthen the government system? That has been the biggest question mark for us. We have bought equipment and also have trained human resources. There will be a biggest loss for everyone.*
>
> - ID 10, Director, SRHR service delivery Organization

4.7 Difficult in making partnership, collaboration and breaking down coalitions

Two participants, one from an INGO and one from a CSO, noted that they have already felt some effects of the GGR on partnership and coalition networks. The participant from an INGO at the central level shared that they have lost three of their partners because of the GGR. This situation has created difficulties in finding local level organizations to collaborate with to implement SRHR programs. Changing partners in the middle of the project and getting approval from the concerned government authority is a challenge. The participant further mentioned:

> *NGOs working with us are not ready to work with us further because, obviously in comparison to US Government support our financial support is less. Knowing all these, they are compelled to discontinue their partnership with our organization. They cannot say 'no' to US funding as it has been taking care of their projects and number of staffs since 80s…Three organizations have withdrawn partnership and working with us…Due to this reason, we need to repeat the NGO selection process which is very difficult. There is rigorous process for getting social welfare council's approval and it consumes a lot of time to get the approval.*
>
> - ID 03, Country Director, INGO

Another participant from a CSO that has been promoting SRHR, including advocating for safe abortion, shared that organizations in their coalition networks have stopped collaborating. The participant described:

> *Human rights organizations were our good partners but we have realized that we are slowly being separated because we work on safe abortion. They don't usually come or participate to our program if we call them as a guest as well.*
>
> - ID 29, Chairperson, CSO, Province 1

Although other organizations have not yet faced any breakdown of coalitions yet, participants working on SRHR, including parliamentarians, claimed that the GGR can create difficulties for CSOs to work in partnership with other organizations.

> *I think civil society will find it hard to find someone of the same nature as their previous donors. They might have already established a connection with them and they have to leave that and search for some other donors who might be*

> *difficult to work with. They have to go through the process all over again. This will consume time and increase burden for them.*
>
> - ID 25, Parliamentarian

> *One impact would be in partnership…USAID has been in Nepal for the past 50-60 years and they have been one of the major donors for family planning in Nepal. Due to this rule the partnership may not remain the same. This will take some time to reorganize our partnership. We had a very close relationship with USAID and the results were coming good.*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

4.8 Compelled to remain silent

A few participants from CSOs who are involved in SRHR advocacy observed that organizations are not raising their voices or expressing their opinions openly about GGR after its implementation. A participant from a CSO in province six who is a recipient of US Government funding shared that they are not allowed to talk openly about abortion after signing GGR policy. In addition, they also shared that they have communicated to their staff to remain silent on abortion-related issues.

> *We are not being able to talk openly about the things that we know about abortion related areas…We can talk normally about the methods of family planning but we cannot stress and keep it under the priority subject…We tell them (staffs) not to even talk about abortion in the community or any other places they work…we tell our staffs to tell them that they don't know anything about it (abortion).*
>
> - ID 34, Director, CSO, Province 6

A journalist also added that one of the US Government funded organizations asked them to not include any news related to safe abortion. A few organizations working for women's rights and service provision also believed that in any national gatherings on SRHR with representatives from US Government funded organizations, abortion-related issues get sidelined. They further shared that there is silence on abortion issues during meetings where representatives from USAID participate. One participant explained:

> *Even in our meetings, whenever we invite USAID, representatives from other organizations working on abortion, don't talk about the issues openly themselves. This is because USAID is their donor.*
>
> - ID 10, Director, SRHR service delivery organization

4.9 Negative impact of GGR is in early stage- full impact will be visible in future

Participants noted that the US Government is one of the largest sources of funding for reproductive and sexual health in Nepal. Cuts in US Government assistance due to the enforcement of the GGR will have negative impacts on the broader health care sector of Nepal. Participants believed the impact will manifest itself in the near future, as the GGR has only been in place for a year, and it's too early to see the effect on the ground. For example, one participant said that the actual impact will be visible only toward the end of 2018 when

the US Government funding on the SIFPO-2 project ends prior to the scheduled completion date. This will have a huge, negative impact both for the beneficiaries and the organization.

> *Cut down of US Government funds will stop our activities in many districts of Nepal, which will create unmet need for family planning. Family planning is not only related to childbirth but also has direct/indirect impact to overall health sector like maternal health, nutrition, national growth and many more. Therefore, funding cuts from the US Government are going to create a massive halt in overall health sector of Nepal. But the impact is just in early stage – we need to wait to see its full impact*
>
> - ID 10, Director, SRHR service delivery organization

All participants pointed out that I/NGOs largely depend on external funding to implement health-related projects in Nepal. Lack of funding from the US Government will halt activities of US funded institutions working on abortion. Moreover, organizations will be compelled to adjust their policies in accordance to the donor's policy, which might distort their focus area.

> *The prime source of I/NGOs are international donors and some foundations. There are many organizations in Nepal who rely on international donors like USAID. When finances are less and when they don't get money, organizations have to reduce their programs or limit them to certain areas. After the US Government cuts the funding, the pressure is for those countries that need more international financing to carry out their projects. After the US Government cuts off the funding there will be an immediate gap.*
>
> - ID 11, Senior Official, Bilateral organization

> *"Yes, it will most likely cause an organization to change their focus if they have to take USAID funds…It can also create a scenario in which many organizations will oppose safe abortion just to receive the US Government funding".*
>
> - ID29, Director, CSO, Province 1

Participants believed that funding cuts by the US Government will hit CSOs hard in terms of their operations including service delivery, awareness campaigns, and trainings. CSOs who have been contributing to the promotion of the right to safe, legal abortion are not allowed to receive US Government funding. To protect their organizations from funding crisis, some organizations will stop working on abortion and others will stop working with organizations that focus on abortion. For example, one participant from an international organization providing abortion and family planning services said:

> *We selected one NGO to implement the program in one district; the organization was ready to take over. But that NGO was receiving USAID money for some other projects, so as long as they were receiving USAID money, they were unable to take our project…Many NGOs in Nepal are getting money from USAID directly or indirectly. So, many of the good NGOs will not be able to take over the USAID projects.*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

In addition, because of lack of funds, organizations will likely have competition for resources that may disrupt their ability to work together, especially among local level CSOs. A participant from an UN agency said:

> *When there [is a] funding crisis, they are competing to get resources and going to the same donors for funding…So, I think it does impact in many bad ways. It impacts the lives of women and girls and it also impacts on the quality of the way that partners work together… In some ways rather than coming together to figure out the best way to advocate more support and the importance of the resources for reproductive health and family planning, it may make organizations more competitive to each other, less likely to work together.*
>
> - ID 23, Senior Official, UN agency

4.10 Creating gaps in SRHR service availability and utilization in near future affecting mostly to the marginalized and underserved population

Many participants, particularly those representing service providing organizations, said that the implementation of the expanded GGR is creating gaps in SRHR service availability and utilization which will predominantly affect already marginalized and underserved populations. Participants noted that cuts in US Government funding will affect the supply of equipment and demand-generating activities, ultimately leading to low or no utilization of services. Participants pointed out that this can also create an environment conducive to the private sector to increasing the price of health commodities. For example, one provincial level participant expressed his worry as:

> *We were informed from the Nepal Contraceptive Retail Supply Company that as funding has been cut off from the Global Fund, there has been the price rise in these family planning commodities. They said that they used to get support for family planning methods but since it has cut off they had to increase the price. This has also resulted in increased service fee in family planning and abortion. This has mostly affected to marginalized, poor and underserved population.*
>
> - ID 30, Head, SRHR service delivery CSO, Province 3

A few bilateral organizations who are supporting government and private providers with the purchase and supply of necessary SRH commodities said that they can no longer provide support because of cuts in US Government funds. Though some government officials claimed that have money to implement family planning and safe abortion programs in the country, they acknowledged that procurement of commodities is a long process in the government system and is often not done in a timely manner, leading to service interruptions. In such situations, various NGOs and donor agencies used to fill the gaps, but due to the implementation of the Global Gag Rule, NGOs and donor agencies have difficulty fulfilling the gaps. Participants opined that recently implemented federal structure in the country is adding further confusions and challenges for the local government in managing resources for health services. They believed that support from such organizations is crucial; otherwise, there will be a major shortage of commodities in hard-to-reach areas in near future.

> *USAID funding has been reduced now and therefore organization X will not be able to supply commodities to the government. Although government says that*

> *they are able to purchase commodities and have that capacity… the government system is very difficult to make proper supply of the commodities. They have to enter into the bidding process which is time consuming… we will definitely have problem in coming years if the situation remains the same and there is no alternative mechanism developed. There will be no sub-district delivery of family planning commodities due to lack of fund.*
>
> - ID 17, Senior Advisor, SRHR service delivery organization

> *I think government funding is enough in abortion and contraception purchase. The only problem we have is this procurement process of the government…There might be a delay in the procurement due to the process it has to go through. Due to this, sometime we cannot buy the commodity. In such a case we ask for donor… when we have shortage, we have been asking from them and filling in the gap. This may not be possible now due to this GGR policy.*
>
> - ID 7, Senior Government Official

All participants shared that impacts of the policy are not yet visible among beneficiaries, but will be in the near future after the closure of family planning and abortion-related projects and programs in communities. They also believed that the policy will mostly affect women with low socio-economic status, those who are illiterate, and those who live in hard-to-reach areas. Service providing organizations said that they have been targeting those marginalized women to increase utilization of services among them. Lack of funding will create difficulties for them to implement programs, which will leave those underprivileged women more vulnerable.

> *This will increase the financial burden for women, increase health problems, and legal problems. When the fund reduces, government program will be slow and the real impact will be seen in the underprivileged groups.*
>
> - ID 25, Parliamentarian

> *It's the rural poor communities who are living under $1-2 per day. These are youth, adolescents, and are high impact clients that we service. The clients are from low-line areas to the hilly areas. So the 11 districts areas that we have covers the low-land (Terai) regions and hilly areas where the services are not available in the health facilities and people have to walk for up to three days to access the health services. So, we are working in those areas where there's Muslim population.*
>
> - ID 18, Executive Director, SRHR service delivery organization

Most participants, particularly those from the province level, thought that this policy will mainly affect rural, low literate, poor, marginalized and disadvantaged communities who do not have resources to access family planning and safe abortion care services.

> *The impact of GGR policy is less likely to be seen in the city area which has comparatively better living standard. People are educated here and also can afford going to private clinics for abortion. The main impact will be in the rural areas where people are living under the poverty line. They do not have education and also cannot afford the services.*
>
> - ID 30, Head, SRHR service delivery CSO, Province 3

> *Women from poor and disadvantaged communities will have more impact from GGR policy. Unmet need of family planning also is high in these communities. They don't have access to better health facilities and are economically backward. On top that this policy…they will go through a huge problem.*
>
> -ID 36, Program Coordinator, CSO, Province 6

Participants who were not the recipient of US Government assistance mentioned that they not have seen any substantial impact of the GGR yet. However, most participants believed that the effects of the policy will be seen in future.

> *It's too early to know the impact. We are talking on FP and safe abortion services. There hasn't been any statistical data on the beneficiaries impacted.*
>
> - ID 11, Senior Official, Bilateral Organization

4.11 GGR policy believed as an opportunity for organization to unite

Although a majority of the participants said that the GGR is creating obstacles for SRHR promotion in Nepal, one participant also considered this policy to be an opportunity for the organizations to become united and strengthen their network to work jointly in SRHR. Participants mentioned finding alternative sources together and supporting each other in moments of need while the policy is in place.

> *In my opinion, the organizations are more united and became aware about the importance of being united. The positive side of this rule can be people know the importance of this issue and have come together during the crisis situation. If our programs are affected, we can find another funding source through our strong network.*
>
> - ID 12, Executive Director, NGO

4.12 Public awareness about GGR was very poor

All participants mentioned that the public is not aware about the GGR and its impact. They stated that organizations, government, and media have not discussed the issue publicly. Participants further stressed the fact that CSOs and government themselves are unaware about the GGR and its provisions and those who are informed about the policy have opted to remain silent, leading to a lack of information in the public. For example:

> *I don't think people know about this rule formally. I don't think government of Nepal or any other organizations had organized any public awareness or consultation meetings to raise awareness about it (GGR).*
>
> - ID 11, Senior Official, Bilateral Organization

> *I think most of the public don't have any idea about this policy. Even people who are working in civil society don't have information about this rule…CSOs who know about this rule have not spread the information as well. Only very few people working on SRHR might know about this rule and public are yet to get an idea about GGR.*
>
> - ID 20, National Coordinator, CSO

Participants mentioned that discussions on these types of topics (on abortion and family planning) are less discussed and Nepali media has hardly covered such issues. Moreover, participants stated that abortion itself is taboo in Nepalese society and therefore less open discussion takes place. Participant who knew about GGR stated that even though abortion is legal in Nepal people might not open up on such issues and its related policies because of existing religious, social, and cultural barriers.

> *Abortion itself is a very sensitive issue for both male and female and this is very personal. There is stigma and several cultural and religious beliefs attached to it. Therefore, it is not necessary that people would like to talk openly about this policy. Despite being legal there are still some barriers to abortion.*
>
> - ID 11, Senior Official, Bilateral Organization

Many participants stated that such policy is less likely to impact or change the public's willingness to talk and their perception about abortion. In contrast to this, some participants also mentioned the possibility of widespread rumors and misconceptions regarding abortion because of the funding changes. Setting a false standard by reinstating and expanding such a policy is likely to spread rumors and set a negative example. Participants particularly from women's rights organizations but not limited to, mentioned:

> *There might be some rumors if people know about this rule. There might be wrong messages where people might say abortion has been illegal in Nepal as American government didn't give any money in abortion. Rumors flow very easily and it'll create a bigger impact.*
>
> - ID 30, Head, SRHR service delivery CSO, Province 3

> *There will be negative impact in public. When we think we are progressing towards liberal views and liberation of women, they will look upon to America. If this rule comes from America, this will leave a false standard. People will start giving examples that people in America are not obeying and we're compelled to do things as said by the government.*
>
> - ID 12, Executive Director, NGO

A few participants also thought that people are not very concerned with what this policy is and what it does unless they are affected while attempting to access services at some point in the future.

> *I am someone who has studied on these issues and understand these issues and I myself don't know in detail about it. So, the local people who have different backgrounds, I don't think they'll know anything about this (GGR policy).*
>
> - ID 07, Senior Government Official

4.13 Anti-abortion organization welcomed the GGR but the policy didn't embolden them

Only one anti-abortion organization was interviewed in this study. The participant from this organization expressed a positive attitude towards the GGR but questioned the implementation of the expanded GGR. The participant welcomed the policy and took it as an achievement of US Government. However, surprisingly, the participant cited that the failure of the US president to implement several of his various promises created doubt in effectively

enforcing the GGR. Also, the participant believed that other countries might be interested in bridging the gap and hence services on abortion will less likely be halted by GGR in Nepal.

> *I am looking forward to it as to how this will create an impact. I think it's an achievement of the US Government and also welcomed this policy but not to its fullest. Other countries will bridge the gap it has created. European nations will support if America doesn't. I don't think this policy will make a massive difference.*
>
> - ID 14, Director, NGO

Regarding the impact of the GGR, the participant believed that a few organizations might be impacted by the policy and beneficiaries might opt to go to private clinics for abortion services. However, the participant showed concern towards poor women who might seek out unsafe abortion due to the closure of clinics as the result of this policy. They denied of any difficulty in making institutional networks, groups or receiving funds after implementation of the expanded GGR.

All the participants from pro-choice organizations mentioned they have not seen any active opposition groups to sexual and reproductive health and rights in Nepal as a result of the GGR. They believed that in a scenario where abortion has been legalized, such opposition groups are less likely to be seen and their voices are less likely to be heard.

> *It [anti-abortion groups] will be hard to be emboldened in the country where abortion has been legal from a very long time. I think abortion should continue being legal and become stronger. It requires a strong push to change the table and I don't see that happening.*
>
> - ID 22, Country Director, INGO

However, few participants mentioned the existence of anti-abortion organizations and shared the fact that they have been actively promoting their objective in the remote parts of Nepal. The participant believed that the policy could encourage such anti-abortion organizations and could also lead to the creation of new organizations that would see this rule as an opportunity to gain money from such organizations or groups.

> *The group is getting funding from somewhere... Now, as the Gag Rule is giving an environment to those who think they can make money out of it, they will enter into such anti-abortion activities. Another is, those who consider it wrong from the very beginning will get encouraged. This rule has created a fertile ground for vested interest groups as well as those who consider abortion wrong from the very beginning.*
>
> - ID 03, Country Director, INGO

A few participants related this issue with religious beliefs and mentioned that abortion is considered a sin in some religious groups. They speculated that the policy could encourage religious groups to raise their voices against abortion, though they had not yet seen this occur.

> *There are some organized groups who advocates and runs programs against abortion in the name of religion. They will be encouraged. If any abortion service center stops they will be encouraged and will further enhance their campaigns. But as of now, I do not think they have been encouraged. In longer*

> *run they might expand their programs in areas where service centers have been closed down.*
>
> - ID 05, Journalist

4.14 No discussion of GGR within government

All the participants, including parliamentarians, admitted to the fact that the Global Gag Rule is yet to be discussed in the parliament. They highlighted that parliamentarians are not aware about the GGR, which has ensured its obscurity.

> *"I don't think the parliamentarians know about this. Even if they know, they haven't talked about this issue in the parliament. I think the organizations that know about this should invite concerned parliamentarians and make them aware about the policy and the impact it might leave in overall health sector."*
>
> - ID 01, Journalist

All the participants from CSOs stressed that these issues need to be discussed in the parliament and that concerned government agencies need to address the problem. However, parliamentarians stated that the discussion in the parliament cannot happen suddenly. The participant mentioned that discussion usually happens when any issue is either impending or when majority of the parliamentarians of a particular political group finds this to be an important issue to be discussed. The parliamentarian said that neither are likely to happen anytime soon. However, participants thought that the Parliamentarian Committee on Health and Education could raise the issue, and asked the government to put the GGR on the agenda to discuss in the parliament. A participant from an INGO shared:

> *Committee has to be formed and the committee has to enter. Entering into the committee means a large number of people have to talk about the effect of GAG Rule to the concerned authority. Only after that the issue will enter in the house and they will come with a conclusion for what to do next.*
>
> - ID 03, Country Director, INGO

Understanding this scenario, one participant from a CSO mentioned that discussion is less likely to happen as the GGR and funding cutbacks are not priority areas for the government, as abortion has already been legalized.

> *I don't think [the discussion will happen]. This issue is a very small thing for parliamentarians and policy makers and they don't take these things seriously. They are more concerned about law and political agendas and construction. So, this is a very small subject for them but this is a very important issue and has a long term effect.*
>
> - ID 17, Senior Official, SRHR service delivery organization

4.15 Government may slow down in any abortion legislation process or expanding services

Though most government participants believed that the government's position on abortion will not change due to the GGR, they noted that any new strategy development or service expansion could be delayed. Many participants, including parliamentarians, speculated that

any legislation process related to reproductive rights and expansion of abortion may be delayed due to the indirect impact of the GGR implementation. For example, one parliamentarian said:

> *There will be a slow progress. If the external funding SRHR is reduced then government may give priority in the areas where there is US funding. In such situation, the process for making new strategies and expansion of services will be slower since the government has their own constraints.*
>
> - ID 25, Parliamentarian

In contrast, most participants from CSOs and INGOs stated that the GGR will most likely affect the government sector and compromise the government's position on SRHR as well. Participants highlighted that organizations have been supporting the government to meet their SRHR targets. In a situation when the funding gets reduced due to the GGR, the support to the government from these organizations will also be reduced, so the government will not be able to achieve its commitments on health sector. For example, one participant said:

> *I think Nepal's constitution is very clear about the rights to free access to family planning. The comprehensive packages and essential health care is very clear about what is available and what's not available. There's a legal provision for abortion in this country... I think it might just be harder to reach some ambitions in time scales because of the reduction of global necessary fund. I don't think it will change Nepal's position, I just think it will make an impact on how quickly Nepal could get ahead to meet its agendas.*
>
> - ID 22, Country Director, INGO

4.16 Coverage about GGR in Nepali media was very limited

We monitored Nepali media reporting between January 2017 and July 2018. In that 18-month period, only 6 Nepali media articles covered the GGR. These news articles mainly described the GGR and the organizations in Nepal that will be affected. The media has identified Family Planning Association of Nepal and Marie Stopes International as the two main organizations that will be impacted by the GGR. Most of the media mentions portrayed the US policy in a negative light and emphasized its negative impact on women's health. News covered in the Nepali media is presented in Annex 1.

5. Conclusions

This study assessed the early effects of the expanded Global Gag Rule in its first year of implementation in Nepal. We found that many stakeholders had no or very limited knowledge about the GGR. Those who were aware of the policy described it as "strict," "severe," "wrong," and "not friendly." They also highlighted how it is especially affecting the rural, poor, illiterate, and most marginalized and disadvantaged communities of Nepal. The policy threatens recent improvements made in women's health.

The study found that the impact of the GGR in Nepal is in early stage and that full impact cannot yet be felt. However, the study was able to document many indicators that the policy will have damaging impact on women's health. The early impacts include limitation of resources in expanding health services and in sustaining progress in access to health care that has been achieved in recent years. This phase of the project documented cuts in USG funding, the halting of US funded program/projects, and lost partnerships, collaboration, and the silencing of voices among CSOs. A few organizations have already scaled down or closed out their programs in a few districts of Nepal. However, participants urged the government to fill the funding gaps created by the GGR. Furthermore, discussion on the policy was rare among governments, parliamentarians, and also among the public, leaving a majority of the concerned stakeholders unaware about this policy. Since the expanded policy applies to sectors beyond family planning - like HIV/AIDS treatment and prevention, malaria, and infectious diseases - many organizations are being required to meet the conditions and certify under the policy, or sacrifice future US Government funding for the first time. Whatever path or decision they take will have consequences for the women and communities in Nepal.

6. Recommendations

Based on the findings of this study, the following recommendations are made:

Civil society, national and international non-governmental organizations

Civil society and I/NGOs are the key bodies to bridge the gap between the community and the implementers of SRHR programs and are in the position to act as watchdogs. They should:

- Increase awareness about the expanded GGR among staff members working at national and international organizations and among the public.
- Ensure that their staff and staff of organizations they are collaborating with are clear in areas of work included and excluded in the expanded GGR policy.
- Monitor to assess over interpretation and misapplication of the GGR policy by donors.
- Assess impact of foreign policies like the GGR within organizations and communities they are focusing on.

Nepal Government

Any solution to the funding gap or limitations affecting the health sector will involve the Ministry of Health and Population (MOHP). Most government staff that we interviewed felt that the government SRHR programs will not be impacted by the GGR, but that the policy has undermined the effect they are having due to funding cuts of few of its key development partners (e.g. the early close down for SIFPO -2 project in Nepal). Therefore, MOHP should:

- Fill service availability and accessibility gaps created by the GGR.
- Allocate adequate funding for the implementation of national SRHR programs.
- Discuss foreign policies that are affecting national programs with high level government officials and in the parliament, and identify ways to mitigate the short and long term impacts of the GGR.

Donor agencies

Donor agencies have major role to support the initiatives of government and civil society actors. Donor agencies seeking to support SRHR in Nepal should:

- Fill the funding gaps created by the GGR.
- Ensure availability of funds until the project duration as agreed upon.

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Annex 1: Media coverage about GGR in Nepal

Global Gag Rule could 'cripple' healthcare in Nepal – 16th July 2017 (My Republica – The New York Times)

KATHMANDU, July 16: Nepal is likely to lose 26 million dollars in US aid money for family planning for this upcoming year. This comes as a consequence of US President Donald Trump's January decision to re-impose the so-called global gag rule which cuts the funding to non-governmental organizations (NGO's) that provide abortion counseling or advocate for the right to an abortion.

President Trump has since expanded the scope of this original order twice: First, in April when the administration blocked funding for the United Nations Population Fund (UNFPA). Second in May when the policy was broadened, barring funding to any organization that promises not to "promote abortion as a method of family planning."

Worldwide, this has frozen US$ 8.8 billion worth of aid, up from the US$ 575 million affected during the George W Bush administration--the last time the policy was put into effect.

As both a poor country dependent on US foreign aid and with legalized abortion, Nepal appears positioned to be severely impacted with the consequences far-reaching. Under the provision released in May, if an NGO were to be running, for example, a well-digging project while concurrently managing a clinic that provide abortion counseling, even the funding for the well-digging project would be jeopardized.

"With the global gag rule, Donald Trump is bringing the war to women, globally," said Heather Barr, a senior researcher in the women's rights division at Human Rights Watch. "Women will still get abortions but this sends a message they aren't in control."
Barr explained that "in Nepal, what's dangerous is that [healthcare] is so inaccessible. People often only have access to only one provider." In the coming years, many now face the prospect of losing access to their only local medical care.

Giulia Vallese, the UNFPA representative in Nepal, voiced concerns about how a loss of funding would affect their ability to react in a crises and rollback some of the progress that has been made in providing family planning throughout Nepal. "Our unearmarked resources have been reduced this year, hampering our ability to respond flexibly and swiftly to changing priorities within our mandated areas" and "USAID [the primary US agency charged with the distribution of foreign aid] has also been a key player in areas such as family planning in Nepal, a funding cut to their health program will affect the overall progress in the country."

Vallese also predicted that "this may result in more women and girls having an unmet need for family planning with a likely increase in unwanted pregnancies and unsafe abortions."

An employee at an NGO speaking on condition of anonymity said that services in Nepal are already beginning to experience its impact. For example, the NGO at which she is employed, has already suspended education programs about contraception aimed at youths as well as other orientation programs at schools and for foreign workers. Looking into the future, her worry is that the flow of contraceptive products into, especially the isolated Himalayan regions, will be affected as money designated for logistics is cut.

The full effect of the gag rule in Nepal still remains unknown. Contracts with USAID signed before the policy was re-imposed, during the Obama administration, remain funded. However, when these contracts expire and cannot be extended, due to the gag rule, this would, according to that same unnamed employee, "cripple the health sector [which is] dependent on foreign aid." "We are currently assessing the effect of global gag rule in Nepal and unable to make any comments at this point," Avinashi Paudel, communication coordinator at the Center for Reproductive Rights, wrote in an email to Republica.

Mahima S Malla, executive director of the Family Planning Association of Nepal, tried to strike a more optimistic tone. She was clear that "our work is still going on" and that "we have other donors" that will be leaned upon, namely in Europe, while Trump remains in office. Malla also added that "we've dealt with this before," during the last Republican presidency. Still, the fact remains, the breath of this new rule is unprecedented, putting at risk the access to safe, affordable contraceptive care to some of the most vulnerable Nepalese.

Cutting the lifeline – 21-27 July 2017 (Nepali Times)

'Protecting life' under the Trump administration in the US will put more Nepali women's lives on the line.

Last week, governments and private partners gathered in London for the 2017 Family Planning Summit. The goal: to evaluate progress toward commitments to improve healthcare for more than 120 million women worldwide from 2012-2020.

More than half-way to 2020, only 30 million women have been reached. At a time when activities need to be sped up, the United States, the leading bilateral funder of family planning worldwide, just pulled out billions of dollars from organizations serving the world's poorest nations, claiming they funded abortion services.

"The United States is a very big country: the policy they implement affect small countries like Nepal," said Amu Singh Sijapati of the Family Planning Association of Nepal (FPAN). "It's not good to play politics with human health."

One month before the 2015 earthquake, the Nepal government committed to increase funding for family planning by 7% annually. Since then, Nepal has struggled to meet its goal. It partnered with international NGOs and private companies to close the gap and reach 1 million more women by 2020. But these partners may lose the majority of their funding.

In March, US President Donald Trump reinstated the Global Gag Rule or Mexico City Policy, which has repeatedly been removed by Democrats and reinstated by Republicans since 1984. Trump not only plans to cut funding to USAID, but to any organization that offers abortion counselling, treatment or information on the topic.

As much as $8 billion could be slashed, which will affect HIV treatment, cervical cancer testing, long-term birth control and maternal care. Trump renamed the policy Protecting Life in Global Health Assistance.

Featured below are three family planning organizations working in Nepal that are bracing for the impact:
"This is nothing new for us," sighed UNFPA Representative to Nepal Giulia Vallese (above), who recalls the agency scrambling after cuts under the Bush administration. But being familiar with cuts does not soften the blow. This year, Vallese is working with half her ideal operating budget.

UNFPA does not offer abortions, but counsels women who have undergone unsafe abortions and advises abortion providers on safe procedures. "Where abortion is legal, it should be safe," said Vallese, noting that unsafe abortion is one of the top three causes of maternal mortality.

The cut to UNFPA is separate from those resulting from the Global Gag Rule. It stems from the 1985 Kemp-Kasten Amendment, which claimed that UNFPA assisted China's forced abortions and sterilizations in the 1980s.There is no proof for this claim. Without US funds, most donations to UNFPA will be ear-marked for specific projects. Less 'sexy' programs like humanitarian preparedness will suffer.

"You can't show results until an emergency hits," Vallese said. So contraceptive kits for the next earthquake will go unfunded. Additionally, treatments for pelvic organ prolapse (POP), obstetric fistula, cervical cancer and human papillomavirus are likely to lose. UNFPA offers free surgeries for women with fistulas, but needs funds to reach women who will die from or live with these painful conditions for years.

The 'Marie Stopes Ladies' walk four or five days into the mountains to provide contraception, health care and counselling to Nepal's underserved. But in a few years, they may have to discontinue their work.

MSI will take a big financial hit from the Gag Rule, and repercussions will be felt worldwide, said country director Sophie Hodder (left). "MSI will lose, family planning will lose, full stop. The effects will be absolutely massive," she said.

MSI is the leading provider of safe abortion services in Nepal. It has 36 clinics around the country, none of which are funded by USAID, so US government cuts will not affect abortion services.

Instead, the cuts will obstruct distribution of contraceptives, counselling or perhaps the helpline that receives 76,000 calls a year. Child marriage, low awareness about contraceptives and their limited availability hinder reproductive health.

In 2015, the US provided FPAN $5.5 million to train doctors and nurse practitioners and to boost its mobile camp, which provides 11 forms of family planning services to rural areas, including implants of intrauterine contraceptive devices. The camp, which could previously only run four to five months a year now operates year-round. This fund will run out in 2019, and rural women who need long-term care most will be out of options.

"A person who does not have money to eat will not make a seven-hour journey to receive family planning services," explained Amu Singh Sijapati. FPAN did not receive US funding after the Bush administration reinstated the Gag Rule, and now it is going to disappear again. It costs the organization Rs100,000 just to train a new staff member in implant training, counselling and health services. Sijapati could scrap abortion-related services, sign the Gag Rule and save herself the trouble, but she said: "We were the first Nepali organization to push for legal abortion, we can't sign this."

How the Trump Gag Rule Threatens Women's Lives in Nepal – 11th Feb 2017 (The Kathmandu Post)

One January morning in 2002, I met 15-year-old Sita Tamang in a prison in Kathmandu, the capital of Nepal. Her boyfriend, who had promised marriage, made her pregnant. Afterward, he gave her a pill to make her feel stronger. The pill aborted her pregnancy. Ms. Tamang was still delirious with pain and shock when the police arrested her and charged her with infanticide. A court gave her a life sentence.

In the late 1990s, 80 Nepali women were in prison for having undergone an abortion. It took Nepali activists three decades of advocacy to change the abortion laws. In March 2002, Nepal legalized abortion. Over the next two years, the women imprisoned for abortion were granted amnesty and released.

Nepal had a very high maternal mortality rate. For every 100,000 live births, 539 women died in 1996. Unsafe abortion was seen to be one of the reasons. Most women had little or no access to any health care during pregnancy or delivery. A poor country torn by a decade of insurgency, Nepal relied on outside help to provide health care, and the United States was the largest donor.

On Jan. 20, 2001, President George W. Bush assumed office. On that very first day in the White House, he imposed the global gag rule, which stopped United States government funding to overseas organizations that provide abortions or counseling on abortions.

As soon as abortion became legal in Nepal, the Family Planning Association of Nepal, the largest organization providing contraceptives, lost part of its American funding. It was doing pioneering work in expanding awareness of reproductive health and contraceptive use in Nepal. FPAN refused to renounce counseling or referrals on abortion. It was forced to lay off 60 health workers and give up its mobile health clinics on reproductive health in rural areas, and its capacity to provide contraceptives was substantially impaired.

The group didn't use American funds for abortion or abortion counseling, but it worked with government hospitals and clinics that provided the procedure. At some clinics that received United States funding, we had to build walls to comply with the gag rule, recalled Shyam Thapa, a social scientist who advised the United States Agency for International Development. The walls separated the American-funded family planning section from the section providing abortion counseling.

To work in a clinic with American funding, doctors had to sign documents affirming that they would not provide abortion services anywhere. Nepal had a terrible scarcity of doctors. A decade and a half later, there are still just seven doctors, nurses and midwives for every 10,000 people. Most doctors remain in urban areas, while most people – and most maternal deaths – are in the countryside. Mr. Bush's gag rule forced hospitals and clinics to post two doctors to do one person's job: a doctor to talk about contraception, a different doctor to help with abortion.

Bureaucratic games like this affect the lives of women like Indra Maya Khadka, in the remote Khotang district. Some years back, when Ms. Khadka had trouble with her pregnancy in the final trimester, the nearest hospital, in the town of Diktel, was a day's walk from her village and the hospital didn't even have a doctor. Ms. Khadka had to wait four days to be airlifted by a helicopter to a Kathmandu hospital. She lost her child. Today there are three doctors in Diktel's hospital serving the district's 200,000 residents. Kathmandu, where most of the hospitals are, is a 10-hour drive away.

President Barack Obama's administration lifted the global gag rule, allowing much needed support for reproductive health services. Equally, the larger forces of globalization and international migration helped. Hundreds of thousands of Nepali men moved to the Middle East for work. Their hard-earned remittances improved living standards for their families across the villages and towns of Nepal, which helped improve access to health care. Initiatives such as sending trained female volunteers across the country to increase awareness also helped to bring maternal mortality down to 258 deaths per 100,000 live births in 2015.

Nepal's doctors are committed to bringing maternal mortality down further, but President Trump's reintroduction of the global gag rule casts a shadow over their efforts. "We've been hearing rumors that there will be no money for family planning advocacy," said Dr. Naresh Pratap K.C., who runs the Health Ministry's family health division. "The impact of this will be huge."

In 2015, the Family Planning Association of Nepal received a U.S.A.I.D. grant of more than $5 million spread over four years. The grant helped the Family Planning Association of Nepal train more than 80 health workers in three districts. They were to go from house to house to educate people on family planning, set up health camps and screen for sexually transmitted infections and uterine cancer. If the Trump administration withholds funding, the program won't take off.

American aid has made a very valuable contribution to women's health, but these policy reversals undermine it. Nepali women's welfare is vulnerable to the whims of each new administration.

U.S.A.I.D. is consulting with the State Department and other agencies on the new policy. A recent statement from the agency reads, "For additional information, we refer you to the White House."

*By **Subina Shrestha***

Trump's Little Women – 13th March 2017 (The Kathmandu Post)
FRANÇOISE GIRARD

New York - A non-profit women's health organization in Kenya is confronting an impossible dilemma. Kisumu Medical and Education Trust receives $200,000 per year from the United States government to train doctors to treat postpartum hemorrhaging. KMET also receives money from European donors and other sources to provide comprehensive reproductive health services, including abortion counseling. After US President Donald Trump's recent executive order reinstating and expanding the so-called "global gag rule," KMET – and many more organizations like it – will have to choose between life-saving programs.

The global gag rule, officially known as the Mexico City policy, prevents official US funding for development aid from going to non-US organizations that provide any kind of abortion services to women – even information or referrals – regardless of how those services are financed. Organizations that advocate expanded abortion access in their own countries are also barred from US funding.

This means that, if KMET continues to provide abortion services to women in Kenya, where 30-40% of hospitalizations of women are associated with unsafe abortions, it will lose the funding it needs to perform the similarly lifesaving work of teaching doctors how to handle complications associated with childbirth. Never mind that rates of maternal mortality throughout the region are extremely high. Whichever option it chooses, KMET will be forced to curtail health services in regions where it is the principal provider.

The global gag rule is not new. First introduced by President Ronald Reagan in 1984, it has been a political football ever since, with Democratic presidents rescinding it and Republicans reinstating it. But this latest manifestation of the policy goes further than its predecessors. Whereas previous versions affected US family-planning funding, Trump's rule affects all US health aid, including for HIV, malaria, maternal and child health, tuberculosis, and nutrition programs – up to $9 billion per year.

The President's Emergency Plan for AIDS Relief comprises the largest portion of US global health spending, currently $6.8 billion per year. Organizations that have long combined PEPFAR aid with other funds to provide comprehensive reproductive health care to women living with HIV, and to prevent mother-to-child transmission of HIV, will now be placed in an untenable position.

Even the narrower iterations of the global gag rule backed by previous Republican presidents had devastating consequences. Under George W. Bush, the policy forced the closure of eight clinics– most of which were the sole providers of health care in their communities – in Kenya alone. Some of these clinics were run by the Family Planning Association of Kenya, which served 56,000 people and did not provide abortions. One of the clinics that was shuttered had been providing comprehensive infant and postpartum care.

But the global gag rule is not just devastating to women's health; it is actually counter-productive. Without family-planning services, including access to contraception, women are worse equipped to avoid unwanted pregnancies. A Stanford University study found that abortion rates actually increased in countries most affected by the global gag rule during the Bush era.

Trump's version of the policy threatens to have an even more devastating impact. Over the last few decades, many developing countries – such as Colombia, Nepal, Ethiopia, and Mozambique – have liberalized their abortion laws to save women's lives and to reduce the costs to their health budgets of treating injuries caused by unsafe abortions. In this sense, the global gag rule undercuts local government policy and interferes with democratic debate.

With the reinstatement of the global gag rule, hard-won progress in women's health could be stunted, or even reversed, all while violating women's legal and human rights. For example, if KMET takes US aid, the organization will be obligated to withhold information from women about a critical health service, breaching the trust between a woman and her health care provider and violating a fundamental human right.

In Nigeria, the organization Education as a Vaccine – a partner of the International Women's Health Coalition – could face a similarly unmanageable situation if they accept US HIV funding. EVA hosts the country's longest-running hotline providing sexual and reproductive health information to young people, and is one of the few platforms enabling young people to ask questions without stigma and shame.

Abortion is already highly restricted in Nigeria, and the few abortion providers available face substantial risks. With unsafe abortion a major cause of maternal mortality, particularly among adolescents and young women, the services EVA provides could not be more important. Not surprisingly, EVA's executive director, Fadekemi Akinfaderin-Agarau, worries that the global gag rule "is going to be a big blow in Nigeria," because accepting US funding would then impede her organization's ability even to discuss post-abortion care with the young women it serves.

Donors Pledge Nearly $200 Million for Family Planning – 3rd March 2017 (The Rising Nepal)

Nations and philanthropists pledged close to $200 million Thursday for family planning at an international conference that aimed to make up for the gap left by President Donald Trump's ban on U.S. funding to groups linked to abortion.

In all, 57 nations attended the hastily convened one-day conference in Brussels and the funding drive was boosted by Sweden, Canada and Finland each promising 20 million euros ($21 million). The private Bill & Melinda Gates Foundation also provided $20 million.

Conference host and Belgian Deputy Premier Alexander De Croo said one anonymous U.S. donor committed $50 million, pushing the total up to a provisional 181 million euros ($190 million).

One of Trump's first acts as president was to withhold an estimated half billion dollars a year in funding from international groups that perform abortions or provide information about them. The Trump administration said the ban is necessary because it doesn't want to provide funds for something it considers morally wrong.

Officials in many European nations and around the world say the move hurts women and girls who need family planning the most and will lead to more abortions, not fewer.

"I hope that he now sees that everybody is steadfast in its support for the rights of women and girls," Dutch Development Minister Lilianne Ploumen, who came up with the idea for the She Decides conference, said.

De Croo said the alliance of nations wanted to make sure that "the purely ideological decision of one country" does not push women and girls back "into the Dark Ages."

"We will start making something great again," De Croo said of the drive to boost family planning policies in developing nations, riffing off Trump's "Make America Great Again" campaign slogan.

Belgium, Denmark, Norway and the Netherlands contributed 10 million euros each, while other countries made smaller contributions. Because the conference was organized on short notice, many nations could not make official pledges yet for technical budgetary reasons, organizers said.

"Some need a little bit more time," Ploumen said. Representatives from African and Asian countries were also the conference, as well as private donors and officials from the European Union and the United Nations and private donors.

De Croo said the funding drive would continue at an international meeting later this year. At EU headquarters, half a dozen anti-abortion activists were protesting with a banner "Abortion: Not with my taxes."
The conference stressed that abortion was only a small part of family planning in developing nations. It emphasized the need for more sex education and greater availability of contraceptives. Participants also warned about the dangers of sexually related diseases and of female genital mutilation.

The U.S funding ban "threaten to suspend a large number of projects helping to defend the health of millions of girls, even helping to save their lives," Finnish Development Minister Kai Mykkanen said. "We respond to the situation fraught with distress by investing in the improvement of women's and girls' rights even more than before."

No reduction in Reproductive Health Fund- Gorkhapatra (28th May 2017)

FPAN has been receiving financial and technical assistance from IPPF in services related to maternal health and SRHR. The speculation on American government cutting down the fund especially in the sector of abortion has been made. However, the American organization IPPF proclaimed to not reduce but continue supporting Nepal in these areas. The IPPF president confirmed the continuation of fund despite the Trump's policy. Furthermore, IPPF committed to increase the budget they provide to FPAN to work in the sector of disadvantaged, poor, socially disregarded and minority groups.

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