

IMPACTS OF PROTECTING LIFE IN GLOBAL HEALTH ASSISTANCE POLICY IN NEPAL IN ITS THIRD YEAR OF IMPLEMENTATION

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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
PNC	Postnatal Care
CSO	Civil Society Organization
CREHPA	Center for Research on Environment Health and Population Activities
FP	Family Planning
GoN	Government of Nepal
GGR	Global Gag Rule
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IEC	Information, Education and Communication
INGO	International Non-Government Organization
IPPF	International Planned Parenthood Federation
IWHC	International Women's Health Coalition
LARC	Long Acting Reversible Contraceptives
MoHP	Ministry of Health and Population
MoF	Ministry of Finance
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NGO	Non-government Organization
PEPFAR	President's Plan for Emergency Relief for AIDS
PHO	Public Health Office
PLGHA	Protecting Life in Global Health Assistance
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PPP	Public Private Partnership
RH	Reproductive Health
SDGs	Sustainable Development Goals
SIFPO	Support for International Family Planning Organization
SRHR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
US	United States
USAID	United States Agency for International Development
USG	United States Government

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Executive Summary

The Center for Research on Environment Health and Population Activities (CREHPA), in collaboration with the International Women's Health Coalition (IWHC), has been conducting a study to document the impacts of the expanded Global Gag Rule on sexual and reproductive health and rights related services in Nepal.

Background

The United States Government's (USG) Global Gag Rule (GGR) prohibits foreign nongovernmental organizations (NGOs) who receive U.S. global health assistance from providing legal abortion services or referrals, and also from advocating for liberalizing abortion laws - even if it's done with the NGO's own, non-U.S. funds. The policy does not cover abortion in cases of rape, incest, or when a woman's life is at risk.

President Ronald Reagan first enacted the global gag rule-also known as the Mexico City Policy - in 1984. Every president since Reagan has decided whether to enact or revoke the policy, making NGO funding vulnerable to political changes happening in the United States. The rule forces organizations to choose whether to provide comprehensive sexual and reproductive health care and education without U.S. funding, or comply with the policy in order to continue accepting U.S. funds.

In January 2017, US President Donald J. Trump expanded the Mexico City Policy and named the updated policy, Protecting Life in Global Health Assistance (PLGHA); also known as the expanded GGR. The expanded GGR prohibits foreign (non-USG) non-governmental organizations that receive US global health funding from providing, counseling, referring, or advocating for abortion services. It encompasses *all* global health funds, nearly \$9 billion USD, including funds for maternal and child health, nutrition, HIV/AIDS - including the President's Plan for Emergency Relief for AIDS (PEPFAR) - tuberculosis, malaria, infectious diseases, neglected tropical diseases and water, sanitation and hygiene programs. In March 2019, new criteria was added to the policy where any foreign NGO complying with it the GGR as a prime or a sub recipient of US global health assistance cannot provide financial support (including non-USG) to any other foreign NGO that conducts activities prohibited by the policy.

Nepal has progressive laws and policies on sexual and reproductive health and rights, including abortion. Improvements have been made in women's and children's health status in recent years. However, these improvements are not the same across all geographic regions, districts, wealth quintiles and social groups. A significant proportion is unreachable by sexual and reproductive health and rights related services in Nepal. Though the Government of Nepal is committed to improving sexual and reproductive health and rights related services, it has limited capacity in terms of funds and technical human resources to provide health care to all people. In addition, Nepal is currently undergoing federal administrative changes in structure, creating an additional need for funds. Hence, financial and technical support to the health sector from external development partners and other donor agencies is crucial.

For the last 70 years, the USG has been providing financial assistance to Nepal focusing on a range of interventions, including maternal and child health, sexual health, health commodities, sanitation and safe drinking water. However, due to the implementation of the expanded GGR, about 64% of funds allocated by the Global Fund to Fight AIDS, TB, and Malaria are now affected by the policy in Nepal. This has seriously undermined Nepal's ability to sustain

progress in health sector and to reach national goals and targets, including the Sustainable Development Goals.

Findings

CREHPA in collaboration with IWHC, has been conducting a study to document the impacts of the expanded GGR on sexual and reproductive health and rights related services in Nepal. The study was initiated in 2018 and aims to obtain an in-depth understanding of how the impact of this policy is rolling out over time. In 2019, we conducted in-depth interviews with 37 key stakeholders (21 within Kathmandu Valley and 16 outside Kathmandu Valley). Participants were purposively selected to capture a wide range of organizations, roles, experiences and expertise.

We found that the understanding of GGR continued to be very limited among participants from non-USG funded organizations and no major improvement compared with the last year. Similar to last years' findings, participants who had heard about the policy had very negative attitudes about it. The policy is perceived to be restricting women's empowerment, putting women at risk of gender-based violence and affecting the rural, poor, illiterate and most marginalized and disadvantaged communities of Nepal the most.

The Global Gag Rule is in its third year of implementation and impacts are being observed gradually. For example, early termination of a large USG supported program called Support for International Family Planning Organization-II (SIFPO-II) resulted in the phasing out of family planning programs in 22 districts of Nepal. The program provided family planning information, counselling, services and activities to reduce stigma on family planning to unreached populations. It also supported improving the capacity of public sector service providers at the district level for delivering family planning and other sexual and reproductive health services. Now, as the program ended, these activities have stopped in 22 program districts, resulting in gaps in sexual and reproductive health service coverage and decreased quality of services. Not only this, the SIFPO-II implementing agencies lost about 187 trained staffs, closed down many clinics and could not run mobile camps for family planning and other sexual and reproductive health and rights services. This has mainly affected the rural and most marginalized and disadvantaged communities of Nepal who now need to rely on the public sector for services, which remain out of reach for many.

As in the previous year, we also found the policy has limited the resources available to expanding health services and sustaining the progress made in sexual and reproductive health and rights areas in recent years. We also noted that the policy is wrecking coalition work and networking between organizations, resulting in lost partnerships or difficulty in finding suitable partners for program implementation, and silencing the voices of civil society organizations. A few organizations scaled down their programs and are struggling to find alternative grants to allow them to continue their programs when there is a dire need. Even USG prime recipients have some confusions about the policy and have felt an additional burden. Similar to the last year, the impacts of the GGR are rarely discussed among the governments, parliamentarians, media and the public.

Recommendations

Though the full impacts of the policy - in terms of reach, health impact and effect on multilateral investments - remain to be seen, the current version of the GGR is more expansive

than any previous version and emerging evidence indicates that this policy negatively affects health outcomes and poses challenges to sustain progress made by Nepal in health sector and to achieve Sustainable Development Goals. Therefore, the following actions by different actors and sector are highly warranted:

- **To civil society organizations**

- Support global efforts in Public Interest Litigation and convince donors for alternative funds;
- Be informed and inform partners and staffs on implication of the policy and clarify grey areas around the policy;
- Ensure that programs are running smoothly;
- Explain to the government how GGR affects their organization and public sector health services; and
- Initiate dialogue with federal and local government and make them aware of negative impacts and call for plans to mitigate it.

- **To the Government of Nepal**

- Protect, facilitate and support civil society organizations working in sexual and reproductive health and rights by expanding sexual and reproductive health and rights and safe abortion services so that no one is left behind;
- Fill service availability and accessibility gaps created by GGR;
- Increase annual budget for health and allocate adequate funding for sexual and reproductive health and rights programs;
- Discuss how GGR policy is affecting national programs with high-level government officials and in the parliament and identify ways to mitigate short and long terms impacts; and
- Request bilateral donors to increase contribution on sexual and reproductive health and rights.

- **To donor agencies**

- Fill the funding gaps created by GGR policy and target more funds to marginalized, vulnerable, rural, hard-to-reach population in remote areas.

1. Contexts

Nepal is a country with progressive laws and policies on sexual and reproductive health and rights (SRHR) including abortion. The country conditionally legalized abortion in 2002, making 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 woman's life, physical or mental health, or if there is a fetal abnormality.¹ In 2018, the Safe Motherhood and Reproductive Health Rights Act (RH Act) was approved by parliament and endorsed by the President of Nepal, permitting abortion up to 12 weeks on request and up to 28 weeks in cases of rape or incest or in situations where the woman suffers from HIV or other similar types of incurable diseases.² Abortion remains legal if continuing the pregnancy may pose a threat to the life of the pregnant woman or adversely affects her mental or physical health or cause birth of a deformed fetus.² However, due to the lack of guidelines, the RH Act has not yet been fully implemented on the ground.

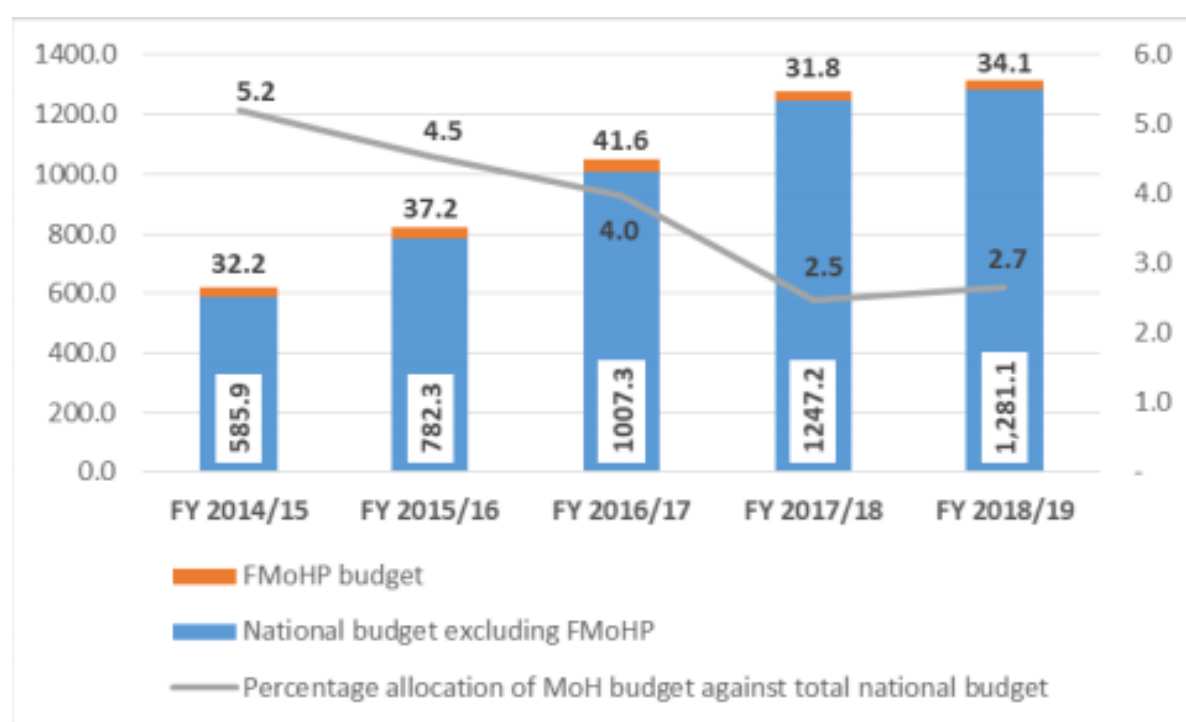
In addition to progressive laws and policies, women's and children's health has seen significant recent improvements in Nepal. Maternal mortality has decreased to 239 per 100,000 live births in 2016 from 539 in 1996.³ Other maternal health indicators like institutional delivery and antenatal and postnatal care (ANC/PNC) visits and child mortality have also improved.³ However, these improvements have not been the same across all geographic regions, districts, wealth quintiles and social groups. A significant proportion of the population remains unreached by maternal and child health services, including sexual and reproductive health services.

SRHR is one of the priority programs of the Ministry of Health and Population (MoHP) of Nepal, where family planning and safe abortion are two major components.⁴ Since 2016, the MoHP has been providing safe abortion services free of charge at approved public health facilities. However, about 58% of the abortions that occurred in 2014 were illegal (i.e. provided outside Government approved centers, or self-induced).⁵ Gender norms, as well as the often-prohibitive cost of procedure and existing stigma, are the main barriers for improving access to and utilization of safe abortion services, compounded by lack of awareness about the law and limited access to abortion services and transportation.^{6,7} Though the MoHP has committed to ensuring that at least five modern contraceptive methods are available in every public health facility, not all facilities are able to provide all of them because of the lack of trained health care providers and essential commodities. As a result, there is a high level of unintended pregnancy - more than 50% of women in Nepal had unintended pregnancies in 2014 and there has been no significant decrease in the unmet needs of family planning among women in Nepal since 2006.^{3,5}

External developmental partners have been providing financial support for health services to improve the accessibility and availability of health care in Nepal.⁸ The Government has limited capacity in terms of funds and technical human resources to provide health care to all people in the country. Hence, the role of external partners, including donor agencies, INGOs and national NGOs, is essential.

Although the Government of Nepal is committed to providing quality health care services to all Nepalese citizens, this is not reflected in budget allocations. As shown in Figure 1, the percent allocation of the MoHP budget against the total national budget in Nepal has decreased since 2014/15. However, there is a slight increase of 0.2% in the budget during 2018/19.⁹

Figure 1: Percentage of national budget allocated to MoHP (Amount in NPR billion)



Source: GoN, Red Book, FY 2013/14-2017/18; cited from MoHP

Moreover, Nepal is undergoing federal administrative restructuring, which has created an additional demand for funds to set up the new system and provide services.¹⁰ However, there has not been a budget allocation to support the process. This has created additional financial gaps and challenges in the health sector of Nepal.

The US Agency for International Development (USAID) has been providing health assistance focusing on a range of interventions, including improving maternal and child nutrition, reducing newborn health, improving the quality of health commodities, improving access to better sanitation and safe drinking water and the provision of health care to remote populations.^{11,12} However, the United States Government's (USG) Protecting Life in Global Health Assistance Policy (PLGHA) is restricting funding provided to developing countries.¹³ This is undermining Nepal's ability to sustain progress in the health sector and to reach its national goals and targets, including the Sustainable Development Goals (SDGs).

2. The Protecting Life in Global Health Assistance Policy

The United States Government's (USG) Global Gag Rule (GGR) prohibits foreign nongovernmental organizations (NGOs) who receive U.S. global health assistance from providing legal abortion services or referrals, and also from advocating for liberalizing abortion laws - even if it's done with the NGO's own, non-U.S. funds. The policy does not cover abortion in cases of rape, incest, or when a woman's life is at risk.

President Ronald Reagan first enacted the GGR - also known as the Mexico City Policy - in 1984. Every president since Reagan has decided whether to enact or revoke the policy, making NGO funding vulnerable to political changes happening in the United States. The rule forces organizations to choose whether to provide comprehensive sexual and reproductive health care

and education without U.S. funding, or comply with the policy in order to continue accepting U.S. funds.

In January 2017, US President Donald J. Trump expanded the Mexico City Policy and named the updated policy, ‘Protecting Life in Global Health Assistance (PLGHA)’ and also known as the expanded GGR.¹⁴ The Mexico City Policy was first introduced by US President Ronald Reagan in 1984 and has been reinstated by every Republican president and rescinded by each Democratic president since. The policy has now been in effect for 19 of the past 34 years.¹⁵ The earlier iterations of the policy prohibited non-US non-governmental organizations from receiving US family planning assistance (approximately \$600 million) if they use their own non-US funds to provide information, referral, or services for legal abortion or to advocate for legalization of abortion services as a method of family planning.¹⁵ The current, Trump-era version of the policy extends the restriction not only in funding support for family planning and reproductive health but to all global health funding (nearly \$9 billion), including maternal and child health, nutrition, HIV/AIDS - including The President’s Emergency Plan for AIDS Relief (PEPFAR), tuberculosis, malaria, infectious diseases, neglected tropical diseases and water, sanitation and hygiene programs.¹⁴ The policy does not apply to non-US governments or public international organizations, and, while US-based NGOs do not face restrictions to their own work under the policy, they are required to ensure that any non-US NGO partners must agree to abide by the terms of the policy.^{15,16} In addition, some anti-choice lawmakers in the United States have attempted to inflict policy restrictions to the US-based NGOs as well.¹⁷ PLGHA also states that the only abortions that are not considered “a method of family planning” are in the cases of rape or incest, or if the life of a pregnant women would be endangered by the fetus they’re carrying.¹⁸

In March 2019, new criteria was added to the policy where any foreign NGO complying with it the GGR as a prime or a sub recipient of US global health assistance cannot provide financial support (including non-USG) to any other foreign NGO that conducts activities prohibited by the policy.¹⁹ This explains that foreign organization needs to now ensure that their sub-recipient foreign NGO complies with the provisions of GGR, even if they do not receive any global health assistance from any of their sources.²⁰ This expanded interpretation means that more funds, from more donors, will be implicated by this policy than ever before. For example, in Nepal, approximately 64% of the total Global Fund amount has been affected by the expanded policy.²¹

A recent scoping review of articles published on GGR from 1984-2017 illustrates how the reported impacts of the GGR focus have crippling effects on health service recipients in low and middle income countries, impacting civil society organizations and undermining global health assistance.¹³ Another recent study from sub-Saharan Africa on GGR marks that the number of abortions actually increased when the GGR policy was in place, contrary to the purported aim of the policy.²² The study further found an asymmetric reduction in modern contraceptives and an increase in pregnancies during the time the policy was implemented. Moreover, there are a number of studies that have described the negative impacts of the GGR policy on women’s health across donor dependent countries.^{13,22-28} Likewise, studies conducted in Nepal on the GGR have found negative impacts on health care organizations including funding cuts, the early termination of family planning programs, and closure of some clinics-ultimately adding to gaps in SRHR availability and utilization of services.^{28,29} This has affected maternal and child health, particularly in marginalized communities in Nepal, who, due to political, economic, and social circumstances are unable to enjoy services and facilities as defined in Constitution of Nepal 2015.³⁰

3. Objectives of the Study

The main objective of this study is to contribute to the body of evidence documenting the impacts of the expanded GGR on civil society organizations and political and public discourse around sexual and reproductive health and rights in Nepal. This year, we aimed to obtain an in-depth understanding of how GGR is rolling out over-time. The study specifically aimed to:

- Understand how US Government policies on SRHR, particularly the GGR, are perceived, understood and interpreted by key stakeholders in Nepal.
- To 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 in Nepal.
- To document the effect of US Government policies, particularly the GGR, on the political discourse about SRHR in Nepal.
- To understand how organizations that work to defend and expand access to SRHR are mitigating the effects of the GGR in Nepal.

4. Study Methodology

Two major approaches were used to collect and analyses the data: stakeholder mapping and in-depth interviews.

4.1 Update stakeholders mapping

First, we updated the list of stakeholders that was prepared in 2018. This year, we added a number of stakeholders, particularly those who are the prime recipient or sub-recipient USG funds and/or those likely to be impacted by the expanded GGR in Nepal. The new stakeholders were added in order to obtain new information on the gaps that we identified from the first year study. At first, a list of 30 national (in Kathmandu) stakeholders were prepared along with their contact details and finalized in consultation with IWHC. Similarly, we also prepared a list of stakeholders in three selected districts - Parbat, Dang and Sankhuwashava that were impacted by the early termination of US funds to the Support to International Family Planning Organization Project-II (SIFPO-II).

4.2 In-depth interviews

After identifying stakeholders, we conducted 37 in-depth interviews with selected key stakeholders (21 within Kathmandu valley and 16 outside the valley). Participants were selected purposively to capture a wide range of roles, experiences and perspectives. This year we selected participants from three SIFPO-II affected districts (Parbat, Sankhuwashava and Dang) to understand the impacts of early termination of USAID supported FP program due to the implementation of the GGR. We adopted and used in-depth interview guidelines developed by IWHC. The interviews covered topics ranging from background characteristics of participants; whether or not their organizations received US funding; knowledge of US policies on SRHR; knowledge, understanding and perceptions on the GGR, its expanded form and the recent version of expansion; sources of information; past experiences of the GGR; and impacts of the expanded version of the GGR on CSOs, the health sector, the public and political discourse in Nepal.

As in 2018, participants were asked to review and sign an informed consent form before we started the interview. After obtaining written informed consent signed, three trained researchers conducted the interview (mostly in pairs) in a preferred place for participants. Most participants preferred to give interviews at their offices. Most of the interviews were conducted in Nepali (30 in Nepali and seven in English). The interviews lasted between 15 and 80 minutes. All but six interviews were audio-recorded with permission from participants. For those who declined to be recorded, notes were taken and expanded immediately after the completion of interviews.

4.3 Data management and analysis

All in-depth interviews were transcribed word-for-word and translated into English from Nepali as needed. Detailed notes were taken if the participant did not consent for audio-recording and expanded immediately after the interviews. Identifiable information and the audio recordings were kept confidential. However, we also asked whether any participants voluntarily would like to disclose their names and organizational affiliation in any dissemination materials, including in the study report that is used for advocacy. Ten out of 37 participants gave us permission to disclose their names and organizational affiliations in dissemination materials if required.

Thematic analysis was used to analyze the data. All manuscripts were analyzed using Dedoose, a cloud-based data analysis software and classified on the basis of code definitions. We revised the codes used in the previous years based on the new emerging themes. We then summarized the findings accordingly to major themes and sub-themes and interpreted them. The findings were supported by relevant quotations from the transcript.

4.4 Ethical approval

The study was approved by the Nepal Health Research Council.

5. Findings

5.1 Profile of participants

Of the 37 key stakeholders who participated in the study, we followed up with ten who were interviewed last year in order to further understand the impact over time. The remaining 27 interviews were with new participants working in SRHR, maternal and child health in Nepal. Out of 37 participants interviewed, 23 were from civil society organizations (including 12 from international organizations and 11 from national organizations, including one anti-abortion group), seven from government organizations, two parliamentarians, two media representatives, one from a UN agency and two from bilateral agencies [Annex 1]. Most of the participants had work experience and expertise on SRHR, particularly on family planning and abortion care services, as well as on HIV/AIDs, maternal and child health and nutrition. The organizations' work ranged from national level planning, policy making, program implementation, evaluation, research and advocacy in the aforementioned areas. Eleven of 37 participants reported that they have received US Government funding for various programs (eight as a prime-recipient while three reported as a sub-recipient) [Annex 2].

5.2 Limited knowledge and understanding about GGR

As in last year's findings, knowledge and understanding of the GGR remain poor, particularly among organizations not funded by the US and participants at the district level. Ten of 37 respondents - mostly from non-US funded organizations, governments at the district level and parliamentarians - could not explain the GGR and responded that they had not heard about it before or did not have any information on it. For example, a parliamentarian said:

I have not even heard about this. Nobody has informed me about this in any formal and informal programs.

- ID 37, Parliamentarian

More than half (26 of 37) explained the GGR as a policy that restricts US funded organizations, either prime or sub-recipients, from working on abortion, including providing information and services on safe abortion, referring to safe abortion facilities and advocating for safe abortion. Only eight respondents could explain that the current policy applies to all global health funding and only five (four USG recipient and one USG non-recipient) explained that this policy allows abortion in case of rape, incest, and life threatening conditions, as well as post-abortion care. Not surprisingly, recipients of USG funding could explain the policy in more detail as compared to non-USG funded ones and almost all referred this policy as a Protecting Life in Global Health Assistance (PLGHA) policy. For example, a participant from a US-funded organization stated:

In 2018, Trump replaced the Mexico City Policy with PLGHA. This broadened the policy not only to family planning/reproductive health, but to all non-communicable diseases, malaria and all areas of global health... It has increased the scope of the policy... It applies to foreign NGOs and their activities as a whole, not only the activities that are funded by the US government.

- ID 22, Advisor, INGO

Three participants mentioned that they had heard about the March 2019 expansion after the researchers explained it to them. The major sources of information reported were international publications including news, journal articles and email communication from their international colleagues. Prime recipients of USAID funds mostly received information from their headquarters and they communicated it with their sub-recipients. Those sub-recipients received annual/bi-annual trainings and updates on GGR during their regular meetings.

5.3 PLGHA is not clear

In order to correctly implement the policy, it is critical for organizations and individuals to have a clear understanding of the policy, as well as appropriate information and clear communication between USG and the prime fund recipient. However, the majority of participants from USG funded organizations mentioned that there are grey areas in defining and implementing the PLGHA policy. Despite receiving updates, even prime USG recipients were confused about the policy and not able to explain well to their sub-recipients. For example, a prime recipient shared:

I think there are many blurred lines in the policy..... We need to communicate this with all our staff at the central and community level so that everybody has their

own understanding of it. We ourselves are confused on many things so it has been challenging for us to deliver a clear message to our partners.

- ID 31, Deputy Managing Director, Not-for-profit organization

On the other hand, a few USG sub-recipients also explained that the message they received from their prime partner did not include the term PLGHA, but only a restriction about working in abortion. One participant mentioned that there were no discussions of the policy when they had a meeting with USAID in their district. The participant mentioned:

When personnel from USAID come to visit us, they gather all the partner organizations and organize a meeting. However, they have not talked at all about this policy.

- ID 03, Project Coordinator, INGO

An organization working on SRHR, including abortion, shared that they have heard a great deal of confusion about how organizations who have other anonymous donors from the US could still work for abortion and not USAID funded ones. A few participants also mentioned that the policy and its provisions is too complex to understand and to communicate to others. A participant working on SRHR shared:

If I am asked to take a US [government] grant tomorrow, I would take a very deep breath. I know I need to move forward as it is a good thing but I need to understand all these provisions and these are very complex and the consequences in terms of risk to the organization are greater and more complicated. We need to really understand all of the provisions.

- ID 20, Country Representative, INGO

5.4 GGR policy is not welcomed

Similar to last year's findings, a majority of the participants did not welcome GGR policy - irrespective of type of organization and their funding sources. They described the policy as 'weird,' 'unfair,' and 'a rule against right based approach.' The policy was perceived to be restricting women's empowerment and promoting gender-based violence. A participant from a women rights organization working on SRHR showed outrage towards this policy that can be reflected from the statement below:

This is a political brawl that the US is having within its political frame... It has nothing to do with women's health and well-being. They are simply misusing their power by imposing such dogmatic rule in the name of women's health. It seems that they (USG) are playing with women's uteruses with the power of money.

- ID 17, President, Not-for-profit organization

A few participants from family planning organizations feared that the policy restrictions might give rise to unsafe abortions. They felt that Nepal is progressing gradually toward providing safe abortion services but that the introduction of such a foreign policy in this country would compel the participants to stop their efforts towards improving maternal and child health. One participant said:

This feels weird and not practical... Maybe the intention is to reduce abortions and discourage abortion but it did not decrease the number of abortions although

this policy was implemented when republicans were in power for almost 19 years. Instead, this might be increasing unsafe abortion.

- ID 31, Deputy Managing Director, Not-for-profit organization

Most of the USAID-funded organizations also did not feel this policy to be supportive of women's health in Nepal. However, those complying with it felt obligated to adhere to their donors' policy. One participant from a GGR-compliant organization shared their dissatisfaction as follows:

...You cannot even talk about [abortion] and you cannot even tell your sister where to go. There are so many restrictions; I think that's not fair. That's so unfair if any other country's government ask to follow restrictions in a country like ours where the law [on safe abortion] is clear and our government is providing services.

- ID 19, Deputy Country Director, INGO

However, a few USG sub-recipients chose not to speak about the GGR and did not give any opinion on it. Due to this restrictive policy, they were fearful of sharing their personal opinions and asked to stay away from any dialogue on this issue. For example, when asked about their opinion on GGR, a participant from the district level working in maternal and child health said:

I cannot give you my opinion on this.

- ID 02, Project Coordinator, INGO

In contrast, an organization working to limit abortion welcomed the policy. However, they did not welcome the policy's provisions allowing abortion under certain circumstances, and therefore did not believe that the US Government is taking anti-abortion issues seriously.

In my understanding, this policy is not implemented effectively... This policy is not taking a stand and we are against that... This policy has presented a condition [for abortion] and we do not support this. We are serious on pro-life matter but I do not see US Government is serious in its policy.

- ID 33, Director, Anti-abortion organization

5.5 Limited access to SRHR services and widening gap

Compared to last year, we found that gaps in SRHR information and services are wider as a result of the policy. Participants mentioned that GGR is interrupting the provision of SRHR services supported by CSOs, particularly in hard to reach areas of Nepal, because of the policy's direct effects on CSOs and their activities on SRHR, particularly on family planning, safe abortion and HIV/AIDS.

Participants involved in implementing the SIFPO-II project in Nepal shared that the project's approach was considered the best one to reach those people who have less access to comprehensive reproductive health services; to provide them FP services, information, and counseling; and to reduce stigma associated with FP in 22 remote districts. They were very hopeful that the project would be extended to make the best use of the resources and to have a greater impact. However, the project was unfortunately terminated early because the implementing partners refused to sign the GGR policy. As a result, they had to close down a number of reproductive health centers, discontinue support to the Government and end other

demand generation activities. This has hindered their ability to access those unreached populations who now continue to be deprived of SRHR services. For example, a participant shared:

We had to completely close down our programs in those districts... we had to sacrifice our service at districts that were supported by SIFPO-II program. The service that we used to provide is at a halt at those places as we have stopped providing services.

- ID 29, Director, Service providing organization

Compared to last year, a greater number of participants shared visible impacts of GGR. About 14 respondents who were working directly in SRHR said that they have already observed a decline in provision and access to family planning, safe abortion and HIV/AIDs services as a result of this policy. Participants from the three study districts shared that family planning provision and training initiatives for health workers on FP have been halted, largely due to the termination of the SIFPO-II project due to GGR. They further shared that they had to close down mobile camps that were focused on providing FP services to unreached population and had to stop their awareness-raising activities on FP targeted to those unreached groups. A participant who worked at the district level for SIFPO-II project shared:

We used to conduct mobile camps on a frequent basis, which provided FP services and raised awareness through campaigns. This has now stopped. There haven't been any more mobile camps. We used to reach marginalized and poor populations to provide them services. Now, the project has stopped, FP services are available only at the health facility level, limiting access to services for all people. Women are shy and cannot go to the facility asking for services because of confidentiality issues. There has been a definite gap after the program phased out... Through camps, we used to provide IUCD [intrauterine contraceptive device] and implant placements to around 1000 women every year, we used to provide a permanent family planning method to about 300-350 women per year. We could not continue these services because of the policy.

- ID 05, Branch Manager, Service providing organization

Another participant involved in implementation of SIFPO-II project in mountain district said:

This has resulted in the closure of FP programs across the whole district. We used to organize health camps and mobile camps in rural parts of the district where many unreached populations did not have access to health services. But, as SIFPO ended, all those people now have to go to health facilities to get family planning counseling and services, which is far from them. I still remember there were so many women coming to us in the mobile camps to receive LARC (Long Acting Reversible Contraceptive). The number of women who used to take services was huge and we do not have that now. We are back to our initial point where the unreached population has unmet needs and no access to proper services which is a huge impact of this policy... It is promoting teenage pregnancies, unwanted pregnancies and unsafe abortions in this district.

- ID 15, Field Supervisor, INGO

In addition, one of the prime-recipients working to improve access to family planning services at the community level, an organization compliant with the GGR, shared that they had to detach from some partners/service centers because their partners were not ready to agree to GGR compliance and wanted to continue providing safe abortions. The participant felt that people in those areas will be left out of receiving FP services. The participant further mentioned:

We had to disassociate from the Depo (Injection) providers that we had chosen earlier. Now people can no longer get the Depo services from that center... For example, now 3000 centers are serving a number of populations but as the number is reducing, certain populations will be left out of being provided the access and utilization to FP services... We might be interrupting that service provision.

- ID 31, Deputy Managing Director, Not-for-profit organization

Participants shared that the GGR has had a significant impact on access to safe abortion services. A number of organizations receiving USAID support that are compliant with the GGR reported that they are no longer able to include or implement abortion-related programs. This decreases abortion information and services being provided through organizations on the community level. Only a few NGOs continue to work on expanding access and improving the quality of safe abortion, choosing not to comply with GGR provisions and sacrificing USAID funds. For example, one of the participants explained:

In a country like ours where most of the outreach services are supported by USAID, abortion will be excluded from that. Hence, people will not be able to get proper information on abortion and referrals. A number of CSOs are working on health systems strengthening projects and family planning programs with USAID funds, where safe abortion related information and services will be excluded. Therefore, an important component of maternal health will be missed in these programs.

- ID 31, Deputy Managing Director, Not-for-profit organization

In addition, a few participants mentioned that they had experienced difficulty in finding partners to implement safe abortion-related programs in the district. Since INGO's cannot directly implement the program in Nepal, they now had their staffs placed in a Government facility for the program. This actually limits their reach to people in the community. The participant further explained:

One of the NGO partners we worked with last year refused to work with us recently, when the organization was working on a USAID funded project.... This has limited our reach in the communities [where we used to work].

- ID 36, Deputy Country Director, INGO

5.6 Poor, young people, and other vulnerable populations are most affected

Similar to last year, almost half of the respondents (16 of 37) shared that women who are poor, unreached, young, residing in remote areas are most affected by the GGR. Participants shared that the policy has restricted organizations from providing safe abortion services and made it impossible for certain organizations to receive US global health funding to do family planning related work. Participants perceived that as a result of reduced accessibility of services, women might opt for unsafe abortion practices, increasing risks in their health. For example, one female participant at the district level receiving USG funding shared:

Mostly women and poor people from remote areas will suffer if we do not act now. [An organization] is providing training to government family planning service providers and if they stop providing this service or if there are no FP commodities women will have unwanted pregnancies This may have negative impacts on their health, ...if there aren't any actions taken. If safe abortion centersaround the country close down due to this policy, then women will seek unsafe abortions, which will result in negative impacts to their health.

- ID 03, Project Coordinator, INGO

A few participants opined that when SIFPO-II supported mobile camps were closed last year, mostly marginalized and poor women were affected. A participant who had to stop programs because of this policy said:

Those clients that are the marginalized, the poor community and the women who do not have many choices were impacted the most..... Once we stopped mobile camps to improve access of FP services, the most marginalized and poor are the ones who are mostly affected.

- ID 27, Director, Service providing organization

Participants also mentioned that young people have less access to information and knowledge on family planning because of this policy. Those young girls who are pregnant before marriage or suffer from domestic violence are stigmatized by society. One participant explained:

There are also young couples, they have less access to information and knowledge on family planning. So there seems to be a lot of need in sexual and reproductive information and access to its services among young couples. It is much more growing than the past and it's very challenging to provide them the information to the young people. This policy further creates difficulty to cater to their needs.

- ID 19, Deputy Country Director, INGO

Parliamentarians also acknowledged that marginalized groups are most severely impacted by this policy. On one hand, US Government funds have been withheld from organizations that have not signed the policy and on the other hand, the Government of Nepal did not increase budget for health services to meet the gap, which participants believed would create a significant impact on women's health.

Participants explained that women and children are the most vulnerable ones in terms of health and well-being and this policy makes them more vulnerable.

This policy does not care about the age. If a girl comes pregnant at any age, she has to give birth. In Nepal, where we are working on FP promotion with the support of USAID funding, where the government's system is well strengthened we are putting women in a more vulnerable condition.

- ID 31, Deputy Managing Director, Not-for-profit organization

In addition, participants mentioned less access to abortion services, which will leave women to choose unsafe methods of abortion and make them more vulnerable to health complications. For example, a participant stated,

...What happens to women who have an unwanted pregnancy? Imagine the trauma that would occur to the woman in a culture like ours where she is already pregnant and she is not getting a proper place to get a safe abortion. If there is not a safe provider available and if the [abortion] is highly stigmatized like it is in our context, they will seek back street services and probably end up with health complications which cause a major burden to the health system of our country.

- ID 27, Director, Service providing organization

In a context such as in Nepal, where unsafe abortion is still prevalent, the GGR risks is making it worse and reversing recent health gains. One participant described how unsafe abortion can impact the life of an individual woman:

She already had enough children and did not want to continue her pregnancy. So, she practiced an unsafe abortion (consumed ineffective some sort of oral pills). She had complications with heavy bleeding which caused some kind of harm to her brain. She suffered from mental health problems because of the unsafe abortion. Some women go to or are taken to traditional healers for abortions and many of them have lost their lives because of it. Some of the villages in this district are very remote and do not have access to ambulance services. If patients have to be taken to health care centers, one has to charter a helicopter which is very expensive. Many women die because of delay and there is a huge loss. The problems that mothers and sisters of our community face due to unsafe abortion are really tragic and life threatening. This policy risks further worsening the situation.

- ID 11, Civil society organisation

5.7 Training of health worker and supply of FP commodities is affected

Government officials and organizations working for FP and safe abortion services acknowledged the value of external support to the Ministry of Health and Population for capacity building, commodity supplies and other technical supports. They also shared that the government does not have capacity and resources to provide SRHR services all over the country, particularly in hard to reach areas. They responded that this policy does not only affect CSOs but also MoHP capacity in training of health workers, onsite coaching and equipment support to health facilities. For example, due to termination SIFPO-II, this kind of support has ended in 22 program districts.

Participants further described that there are no major donors in the present context supporting the Nepal Government with LARC availability and capacity building of health providers. This policy is further worsening the situation. An organization that had to terminate their project due to funding cuts from USG shared that they no longer have resources to support the government with service providers. For example,

We have been witnessing gaps already in the training of service providers. We used to provide training through SIFPO and now we've stopped. So if the government ask us to support them to provide training to their new staff, we cannot because we do not have resources. Municipal level wanted us to train their staff through our funding. We do not have funding. Had it been SIFPO, we would have built their capacity. But now, we cannot.

- ID 05, Branch Manager, Service providing organization

On the other hand, government officials also mentioned that the government has a limited quota for training government health workers every year, which alone cannot fulfill the need for trained service providers. For example, one official working in the district shared:

Some health facilities have only one provider and in absence of him/her, there will not be any service in the future. Health facilities, after their staff retire or if they get transferred to other health facilities, request us to provide training to their staff on IUCD and implant. Through government regular programs, we get a quota of 3-4 training on family planning in a year. We cannot work like SIFPO project.

- ID 4, Government Officer

Participants also mentioned that without support from external agencies, they could not increase the capacity of health workers to meet their targets. A government official at a district shared:

We no longer have programs like SIFPO for family planning in this district. Since they were supporting us on training, we have not been able to meet our training targets. Like, we had a target to train at least two health workers from each institution so that the services can continue even in the absence of one of them but we can not do that now.

- ID 10, Government Officer

Participants also mentioned that the GGR is interrupting the supply and availability of contraceptive commodities and anticipated that this problem will be clearly visible in the near future. For example, one government official described the impact of SIFPO-II on equipment supply as follows:

After [a project] phased out, we received a call from health facilities for equipment to remove [the contraceptive] implant. We did not have one. Before, we used to ask organizations to support us for these supplies. Now, we do not have that option. This will be the case for FP commodity supplies, once we run out of the stock.

- ID 4, Government Officer

Eight participants also mentioned it has been challenging to maintain the same quality of SRHR services because of the GGR. Government officials shared that external support to the government is important to maintain the quality of health services. The Government used to get regular monitoring and motivation from organizations, as well as support to conduct community level activities like the operation of outreach clinics and technical support for the operation of the health facility management committee. On top of that, government facilities with limited health workers face additional challenges, like the large flow of individuals seeking service, which create additional barriers to providing quality care.

5.8 Adding challenges to MoHP for SRHR services and losing its momentum

Many participants believed that, due to the newly implemented federal administrative structure, Nepal is already facing several challenges to the smooth execution of health services. On top

of this, the GGR policy is adding more challenges in health service delivery and resulting in obstruction in services and the loss of momentum.

We are in the process of federalization and there are multiple layers of government and in every step, there is a need for capacity building and systems strengthening. We no longer have the capacity to handle the funding cuts made by USAID as IPPF and do not have the sufficient funds. So, as an organization, GGR is affecting a lot in a context where we have a high unmet need for family planning among adolescents.

- ID 34, Team Leader, INGO

The project (SIFPO) had been of great help to us Previously, we had a lot of support from those two organizations in the health sector. .. we are now facing some difficulties due to their lack of support, but there is nothing we can do now. When the organization is gone, program activities they supported for us is likely to be reduced.

- ID 07, Government Officer

Looking at the current federal restructuring context of Nepal, a few of the health staff at health facilities under this municipality will be transferred and some might have not received training on IUCD and Implants. After they get transferred, those family planning service provisions will be completely stopped from those facilities.

- ID 12, Government Officer

5.9 Ongoing disruption of partnerships

We found an ongoing disruption of partnerships between civil society organisations this year as well. Four participants (one prime USG recipient and three organizations working on abortions) reported to have experienced broken partnerships because of this policy. Prime recipients of USG funding and international organizations working on abortion stated that they are having a hard time finding partners to work within districts. Similarly, NGOs at the district level have stopped working with INGOs advocating for safe abortion because they do not want to leave the USAID funding. For example, an INGO working in safe abortion stated:

One- it is unfair for simple reasons, we recently came across one of the NGO partners we worked with last year and they refused to work with us ...because they were working on a USAID funded project. They were helpless and they said we cannot take a risk on the significant funding that they were receiving. So, they said, yours is a very small component and that USAID is a bigger one so let's not even take a risk, let's not work.

- ID 36, Deputy Country Director, INGO

On the other hand, the USAID prime recipient also lost partners as their partners chose to continue providing safe abortion services. A USG prime recipient shared,

We have disassociated two types of centers; those centers who want to continue providing abortion services and another who want to continue providing both abortions as well as family planning services. The centers have to sign the papers and commit to not provide abortion services.

- ID 31, Deputy Managing Director, Not-for-profit organization

5.10 Wrecking of coalitions between organizations is persistent

We found that the coalitions between organizations working mainly in the health sector continued to be severely impacted by the policy. Because of the GGR, participants mentioned that at either the central or local level organizations do not have a favorable environment to work together. Ten participants, including both organizations working on abortion and USAID funded organizations adhering to the GGR, indicated that the policy has interrupted their working environment by breaking down their coalitions and networks. They believed that this ultimately leads to fewer possible organizations to collaborate with. An organization working in the areas of family planning and abortion explained:

At the local level, like in a particular district, many USAID funded projects/programs make a lot of sense for us like anything that's related to general health, women's health, we would love work with such organizations and that would be very efficient to get linked up to, but there's no way for us to work with them because of this policy...a lot of potential for collaboration is eliminated... if they are funded by USAID, there is no way that we can partner with them. That narrows down the partnerships potential and collaboration efforts that organizations like us and others could have done.

- ID 27, Director, Service providing organization

In addition, study participants realized that effects of this policy are visible in invitations and attendees of meetings between organizations at the central and district levels. USAID-funded organizations do not invite those organizations working on abortion in any of their programs and also do not attend the programs organized by organizations that support abortion. Moreover, participants exclaimed with dissatisfaction that they are losing opportunities to work together and discuss their programs, compromising efficiency and effectiveness of programs. They added that this will create some duplication of resources, already limited because of this policy. One participant mentioned:

Since we work on abortion, some people from the USAID did not attend the meeting.

- ID 36, Deputy Country Director, INGO

Other prime USG recipients shared that this creates difficulties while working in the district level:

Yes, our staff felt such impediment and did not attend DPAC meeting (District Project Advisory committee) organized by an organization working for the advocacy of abortion services, abortion rights and abortion law. We face these types of difficulties. If we invite them, they would have come, but we rarely invite them since they work in abortion.

- ID 14, District Coordinator, INGO, Sankhuwashabha

...We said that we may not be able to work with you. So then the NGO said that it's not fair, we want to work in that area because it has nothing to do with your program. It got really complicated that the NGO threatened to sue us if we pull a flag on that. They were saying that they do not have freedom...it became a very

difficult situation with a partner or an NGO...they were pissed with us that they lost their funds because of us. So, it puts us in a difficult situation like this.

- ID 19, Deputy Country Director, INGO

5.11 Funding cuts and limited options for organizations

Similar to the last year, four participants faced cuts in their funding from USAID while four more had heard that GGR is reducing funding coming to the country for SRHR. Participants stated that civil society organisations activities have been scaled down and compromised because of USG funding cuts. District-level participants from NGOs that lost their USG funding stated:

There has been a huge impact on us. More than 50% of our funding has been cut. We used to receive US \$ 150,000 yearly, which has reduced to US\$ 50,000.

- ID 05, Branch manager, Service providing organization

Around 60% of our funding has been reduced and we had to lay off 150 of our staff.

- ID 29, Director, Service providing organization

Many participants mentioned that only limited funding options are available in the country for SRHR, particularly for family planning, and that they now have to rely on those limited resources. They also mentioned that large amounts of funding is no longer coming from bilateral organizations, creating further challenges to get funding. One participant from central level said,

There is hardly any US global health funding. So, we did not have any in the last year.

- ID 20, Country Representative, INGO

Despite the capabilities and interests of district level organizations, they could not apply for USAID funded family planning and reproductive health funds. They have to choose between USAID funding to receive abortion funding. NGOs that have been working for decades providing services are now limited in their ability to work in the SRHR sector of Nepal, reducing their reach in spite of their potential.

There have been some instances where we have been approached by organizations to do projects with them. But due to Global Gag Rule, we could not collaborate with them. They sent us documents with GGR provisions and we could not collaborate thereafter... we are not able to apply for any type of support provided by USAID just because we are working on abortion. So, we have to stop applying for USAID funds. We should seek out other organizations providing funds so that we can support the government.

- ID 29, Director, Service providing organization

5.12 Organizational resources compromised and scaled down programs

Compared to last year, we found that organizations have increasing awareness that their resources have been compromised because of the policy. Ten participants from NGOs and INGOs working on SRHR explained GGR is restricting funds in ways that limits/reduces organizational resources. Organizational resources were compromised because they declined to comply with the policy and refused to sign it. Beyond the direct impacts of choosing not to sign the policy, organizations reported having to compromise with all types of funding from different, non-USG, sources due to the restrictions. In addition to funding, they also had to compromise various other resources like infrastructure, trained human resources, co-ordination mechanisms and coalitions. Two organizations had to lay off about 187 trained staff because of the early termination of SIFPO-II. They shared they lost their networks and infrastructure in the district as soon as they left. For example, one of the organizations said:

We had a total of 73 staff for SIFPO implementation and we had to lose 37 staff after the early termination of the project... We do not have anything as such now. We have to start with a new one if we have to. The offices that we rented- we had to close them down..... So, if we would have to implement a new project- we need to start from scratch, unfortunately.

- ID 27, Director, Service providing organization

Another organization that was implementing SIFPO said:

We had to lay off 150 staff and stopped working in four districts just because there was no other support coming to us after the project phased out six months earlier than its due date.

- ID 29, Director, Service providing organization

A district-level NGO shared that they lost funding and laid off their existing staff because of funding cuts. Once organizational resources were compromised, they could not support the government as expected. The loss of resources jeopardized their ability to conduct programs in hard to reach areas as they used to do. A participant working on implementing SRHR services in a number of districts mentioned that they could have helped in the federalized structure if they had enough resources. The participant further mentioned:

If this policy did not exist, USAID's funding would have helped in the process of federalization in terms of systems strengthening in health. But now we can not support the government in this crucial stage of need.

- ID 34, Team Leader, INGO

A few participants from SRHR organizations also shared that this policy is limiting their areas of work on SRHR due to lack of fund or restricted policy of USG in their fund. They believed the policy is limiting their ability to work freely in SRHR sector in Nepal.

5.13 Implementation and monitoring of the GGR is burdensome

This year we found that organizations that had signed the GGR faced challenges while implementing the policy. Six USG funded organizations (prime or sub-recipient) shared that monitoring the compliance of GGR among their staff and staff from their partner organizations

felt like an additional burden. Compliant organizations had to increase efforts to train staff on the GGR and to monitor compliance in field. They mentioned this has increased their workload.

We had to monitor that [GGR implementation] quite strictly...Every year, you have to revisit the rules, make sure you communicated... In addition, it's not only you, but also all the partner organizations. We need to watch out when we go to the field and need to make sure those things do not happen... our colleagues in their personal level have also complained saying that it may be challenging for them in certain districts. It has certainly increased our workload and not easy to adhere to.

- ID 19, Deputy Country Director, INGO

It is very challenging to monitor more than 200 staff on its (the policy's) implementation and adherence.

- ID 22, Advisor, INGO

The prime recipients who had to end partnerships with the NGOs that were not ready to comply with the policy had to search for new partners and conduct training for them, which they believed wasted effort and resources. Moreover, they also shared that it was difficult for them to find new partners to work with them. For example, one prime recipient said:

Because of this policy, we are disassociating with quite a number of organizations... In addition, we are enrolling new service providers and we are providing training for them as well. This is the wasted effort... We actually struggle to find capable people and those who meet the necessary requirements to provide contraceptive services.

- ID 31, Deputy Managing Director, Not-for-profit organization

5.14 Silencing of voices

Organizations cannot talk openly about abortion after signing the GGR policy. Similar to last year, participants, mainly from USG-funded organizations, mentioned that they have stopped raising their voices or expressing their opinions about the GGR, attending any meetings on abortion, and otherwise talking about abortion. In particular, USG-funded organizations expressed dissatisfaction that the policy prevented them from supporting government efforts to promote safe abortion, even when requested.

We usually do not even speak about abortion. So, even while promoting FP, if there arises any discussion on abortion, we stop talking about it. We also do not attend any forum on abortion. We talk about informed choice and comprehensive health care and national protocol- but we cannot even talk about abortion even if a person comes for abortion services.

- ID 31, Deputy Managing Director, Not-for-profit organization

Those are a kind of informal pressure tactics that often are being used saying "do not talk about abortion, do not distribute any information education and communication materials on abortion" those kind of things. It is far stronger now than before.

- ID 36, Deputy Country Director, INGO

If the meeting (abortion related) is organized by the government or its national planning who call us for meeting we then do participate. But we have to say sorry we can't do that, we can't support that and we can't help

- ID 19, Deputy Country Director, INGO

5.15 Believed that the government position on SRHR will not change

The majority of participants felt that the government's position on SRHR will not change because of GGR. They mentioned that since the government has already endorsed a safe abortion policy and is committed to providing safe abortion services, their position will not change. One senior government official said,

The government has drafted the Safe Motherhood Bill. It has already been passed by the cabinet. USAID policy has not hampered government position on SRHR. Had it hampered it, we would have never passed the act. Government itself is committed and has been actively providing funding to enhance health sector of the country.

- ID 35, Director, Government Office

No, government is strong on itself. America is a big donor but I do not think country's position will be impacted. We have legal abortion status and if they change it, there will be many protests everywhere. Government also likes to play a safe game and therefore, I do not think they will step down or let themselves being impacted.

- ID 01, Area in-Charge, Not-for-profit organization

However, a few participants, mostly from INGOs, stated that the government position might change because the Government of Nepal is supported by external agencies, mainly USAID, and that the Government could be easily influenced by organizations. A few participants even thought that this policy could affect new policy and legislation on SRHR that will be drafted in the future.

I think yes, it will affect. We NGOs, INGOs and bilateral organizations are the accelerators of government organizations. For example, any organization working for safe abortion is a catalyst to suggest for and assist in making related plans and policies for government.

- ID 30, Technical Advisor, Bilateral organization

Yes, absolutely. It will impact future policies.. Because the organization and women activists have been very closely involved in drawing the legislations and the policies and there are mechanisms over here as there are public hearings around reproductive rights. This policy will impact this process.

- ID 21, Country Representative, UN agency

5.16 Discussion about GGR within government is rare

Similar to the last year's findings, most participants, including parliamentarians, admitted that the GGR has not been discussed within the government and in the parliament. They further

stated that this issue has not yet been prioritized by the government and parliamentarians. Less media coverage about the policy, less quantifiable impacts in the public sector, and the policy's silencing of the voices of many organizations may have contributed to it not getting attention by the government and parliamentarians. However, several participants felt that this issue needs to be discussed within the government and parliament. Parliamentarians whom we interviewed raised questions of why organizations were not reaching out to them and even suggested ways to include this issue in the parliamentary discussion.

At first, any organization should write us a letter highlighting the main issues. Thereafter, we will have a discussion with an organization if we think the issue is big enough to be discussed in the parliament. The issue either has to come from an organization or from Ministry of Health and Population. Thereafter, we consult on the possible negative impact the issue could bring. Only after that, we discuss about such issues within the committee or in the parliament.

- ID37, Parliamentarian and Member of Health and Education Committee

There are organizations going through the impact but they have not come out openly. Maybe they fear that if they come out in public they might not get the funding in the future... why don't they reach out to us? They can call a meeting with the committee [education and health committee] and come up with such issues.

- ID 24, Parliamentarian and Member of Education and Health Committee

In addition, district-level participants also noted that there is little discussion on this policy and its impact in their districts. A district level government official further elaborated,

If there were any discussions or meetings, then we would know. If there are any organizations that are affected by this policy, they should communicate with us, so we would know the impacts. Otherwise, no one knows.. ..We never had any meeting and discussion of GGR. We had not heard this from any organization.

- ID 07, Government Officer

5.17 Emboldening of anti-abortion organizations

A number of participants (6 of 37) observed that religious and anti-abortion organizations are emboldened by the reinstated GGR and are spreading anti-abortion messages in the community and schools. Although they mentioned that such groups do not openly operate, participants had heard that such groups/organizations are mainly trying to influence poor and vulnerable populations in remote areas with anti-abortion messages and Christianity.

Although from the field, yes we did pick up some fliers, there were some religious groups going around and distributing pamphlets saying women should not even consider abortion and giving out pamphlets with horrific pictures of beating or being stabbed, very graphic.

- ID 36, Deputy Country Director, INGO

There are groups of people with religious beliefs, who are waiting for the opportunity to be loud. So far they have been spreading their messages by converting religion (Christianity) and teaching them religious beliefs. Even though they are in small numbers they should be stopped before they create further

problems in society. Women's health status is poor in Nepal and such groups spreading wrong messages and encouraging not to use contraception and abortion. This will further deteriorate their health.

- ID 17, President, Not-for-profit organization

Like last year, we interviewed only one anti-abortion organization. The participant representing the organization welcomed the policy but like the previous year questioned its implementation. This participant perceived that this policy has had limited impact because the policy allows abortion conditionally and organizations impacted have become successful in bringing funds from alternative resources. However, the participant also expressed moral support for the policy's stated objective. This participant viewed the policy as an effort to safeguard both women's and child's health.

We do not want any project that will lead to blood shedding. We are expecting this rule [GGR] to have control over such a situation. We expect this rule to have supported our cause.

- ID 33, Director, Anti-abortion organization

Despite the policy purportedly supporting their anti-abortion objective, the participant experienced no increase in funding but did note receiving praise from the US Government for their work. The participant further mentioned,

... staff from US Embassy has also come to our organization and praised us for the work we've done.

- ID 33, Director, Anti-abortion organization

5.18 No major efforts are made to fill the gaps in funding created by GGR

Participants mentioned that there were no major efforts undertaken to convince donors or the government to fill the funding gaps created by the GGR. A bilateral donor agency shared that they felt some pressure in channeling funds.

Almost half of the participants, mostly from INGOs and NGOs working on SRHR, believed that the impact created by the GGR needs to be solved as early as possible either by the government or by the donors. However, a number of participants mentioned that the government has limited resources and less capacity to fill this emerging funding gaps and other alternative mechanisms need to be explored

The Government of Nepal has limited resources and capacity. The federalization structure has added both new challenges and opportunities....In this context, there will certainly be negative impacts of GGR and alternative ways to solve these issues.

- ID 34, Team Leader, INGO

6. Conclusions

This study examined the impacts of the expanded GGR in its second year of implementation in Nepal. We found that the understanding of the GGR continued to be very limited among participants from non-USG funded organizations and no major difference compared with the last year. However, USG recipients had better understanding on it than non-USG recipients.

Most participants had not heard the term such as “PLGHA” or “Global Gag Rule” or “Mexico City Policy”, but they had heard that there is an USG policy that has been implemented to restrict funding for foreign organizations working on abortion. Similar to last years’ findings, participants who had heard about the policy had very negative attitudes towards this policy. They described it as ‘weird,’ ‘unfair’ and ‘a rule against right based approach.’ The rule was perceived to be restricting women empowerment, putting women at risk of gender-based violence and affecting the rural, poor, illiterate and most marginalized and disadvantaged communities of Nepal.

The GGR is now in its third year of implementation and impacts are being observed gradually. For example, the early termination of a large USAID supported program called SIFPO-II resulted in the phasing out of family planning programs in 22 districts of Nepal. The program provided FP information, counseling, services and programs aimed at reducing stigma on FP to unreached populations. It also supported enhancing the capacity of public sector service providers at the district level to deliver FP and other SRHR services. Now, as the program ended, these activities have stopped in 22 program districts, and widening gaps in SRHR service coverage and worsening the quality of services. In addition, SIFPO-II implementing agencies lost about 187 trained staff, closed down many clinics and could not run mobile camps for family planning and other SRHR services. This has mainly affected to the rural and most marginalized and disadvantaged communities of Nepal who now need to rely on public sector services, which may not be reachable to many of them.

As in the previous year, we also found that the limitation of resources is hampering efforts to expand health services and sustain progress made in SRHR areas that has been achieved in recent years. We also noted that the policy is wrecking coalition and networking between organizations, causing lost partnerships or difficulty in finding suitable partnership for program implementation and silencing the voices among CSOs. A few organizations scaled down their programs in several districts and are struggling to find alternative grants to enable them to continue their programs. Even USG prime recipients continued to express confusion about the policy and felt it creates an additional burden on them. Similar to the last year, the impacts of GGR is rarely discussed among the governments, parliamentarians, media and also among the public. Though the full impacts of the this policy in terms of reach, health impact and effect on multilateral investments remain to be seen, the current version of the policy is more expansive than any previous version and emerging evidence indicates that this policy negatively affects health outcomes and poses challenges to sustain progress made by Nepal in the health sector and achieve Sustainable Development Goals.

7. Recommendations

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

Civil society, national and international non-governmental organizations

Civil society and I/NGOs are the key players in the development sector, providing opportunities to bring communities together for collecting action, mobilizing society to articulate demands and voice concerns at local, national, regional and international levels. They should:

- Amplify GGR impacts as well as support global efforts in Public Interest Litigation (PIL) and convince donors for alternative funds.

- Be informed and inform partners and staff about the implication of the policy and clear out the grey area hovering around the policy.
- Ensure that their self-initiated programs or programs through other donor support are running smoothly and not entangled in one policy.
- Explain to the government how GGR affects public sector health services.
- Initiate dialogue with federal and local government and make them aware of negative impacts and call for plans to mitigate it.
- Advocate with bilateral and other donors to increase financial contributions to SRHR.

Government of Nepal

Most government staff that we interviewed either unaware of the GGR or felt that the SRHR programs will not be impacted by this policy. In reality, the policy has undermined government effectiveness due to funding cuts of its key development partners. For example, the closing down of SIFPO-II already negatively impacted the SRHR services but MoHP officials are not fully aware about this. Therefore, MoHP should:

- Protect, facilitate and support civil society organisations working in SRHR, especially those working to expand SRHR and safe abortion services so that no one is left behind.
- Fill service availability and accessibility gaps created by GGR.
- Increase annual budget for health and allocate adequate funding for SRHR programs.
- Discuss how the GGR policy is affecting national programs with high level government officials and parliamentarians and identify ways to mitigate the short and long terms impacts
- Request that bilateral donors increase contribution to SRHR.

Donor Agencies

Donor agencies play a key role in supporting I/NGOs in implementing SRHR programs directly/indirectly supporting the national government. Therefore, their funding support is crucial to bridge the gaps. Therefore, donor agencies should:

- Fill the funding gaps created by the GGR.
- Fund programs that are targeted marginalized, vulnerable, rural and hard-to-reach populations in remote areas.

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Annex 1: Distribution of participants by level and type of organizations

Types of organization	No. of interviews at central level	No. of interviews at District level	Total interviews
Government offices (Including HPs, Municipality office, Health Office, Hospital and DoHS)	1	6	7
UN agencies and Bilateral agencies	3	0	3
INGOs	8	4	12
NGOs	5	6	11
Media Representative	2	0	2
Parliamentarian	2	0	2
Total	21	16	37

Annex 2: Distribution of participants by USG funding recipient and GGR compliance

Types of organization	USG funding recipient (Total)	Prime recipient	Sub recipient	GGR compliant
Government offices (Including HPs, Municipality office, Health Office, Hospital and DoHS)	1	1	0	0
UN agencies and Bilateral agencies	0	0	0	0
INGOs	6	6	0	6
NGOs	4	1	3	4
Media Representative	0	0	0	0
Parliamentarian	0	0	0	0
Total	11	8	3	10



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