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Enforcement of expanded Global Gag Rule has widened gaps in SRHR service availability, deteriorated quality of services, created funding gaps, weakened partnerships and coalitions, and silenced voices of civil society in Nepal.

BACKGROUND

Nepal is a country with progressive laws and policies on Sexual and Reproductive Health and Rights (SRHR) including abortion. Improvements are now visible in women's and child health status in recent years.[1] However, these improvements are not the same across all geographic regions, districts, wealth quintiles and social groups. A significant proportion is unreached by SRHR services in Nepal.

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.[2] Since 2016, the MoHP has been providing safe abortion services free of charge in approved public health facilities. However, about 58% of abortions that occurred in 2014 were illegal (i.e. provided outside government approved centers, or are self-induced).[3,4] 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 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 have 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] The government of Nepal 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 additional need for funds.[5] Hence, financial and technical support to the heath sector from external development partners and other donor agencies is crucial.

For the last 70 years, the US Agency for International Development (USAID) 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.[6,7] However, implementation of the expanded version of a restrictive policy of the United States Government (USG), called 'the Protecting Life in Global Health Assistance (PLGHA)' Policy, also known as 'Global Gag Rule (GGR)', in January 2017, has been restricting funding support provided to developing countries.[8] This policy prohibits foreign (non-US) non-governmental organizations that provide, counsel, refer, or advocate for abortion services from receiving US global health funding. While previous iterations of the policy applied only to family planning funds, the current version applies to all global health funding including funds for maternal and child health, nutrition, HIV/AIDS including President's Plan for Emergency Relief for AIDS, tuberculosis, malaria, infectious diseases, neglected tropical diseases and water, sanitation and hygiene programs.[9]

Furthermore, in March 2019, US Secretary of State clarified interpretation of the policy with new criteria stating - any foreign NGO complying with the policy 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.[10] As a result, about 64% of funds allocated by the Global Fund to Fight AIDS, TB, and Malaria (GFTAM) are now affected by the policy in Nepal.[11] 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 (SDGs).

OBJECTIVES

The main objective of this study was to document the impacts of the expanded GGR on SRHR and related services over the time in Nepal.

DATA AND METHODS

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. Of the 37 key stakeholders who participated in the study this year, 10 were also interviewed last year. The remaining 27 were new participants working in SRHR and maternal and child health in Nepal (12 international organizations, 11 from national organizations including one anti-abortion organization, seven from government organizations

two parliamentarians, two media representatives and three from UN and bilateral agencies). Eleven of 37 participants reported that they have received US government funding for various programs. Interviews were transcribed word-for-word and translated into English if conducted in Nepali. During interviews, for six participants who did not consent to audio-recording - the interviewer took detailed notes and expanded them immediately after the interviews. Thematic analysis was used to analyze the data. All interviews were analyzed using Dedoose, a cloud-based data analysis software and coded on the basis of code definitions. Study protocol was approved by the Nepal Health Research Council.

KEY RESULTS

Limited access to SRHR services and widening gap

Participants mentioned that GGR is interrupting the provision of SRHR services that are being supported by CSOs, particularly in hard to reach areas of Nepal. The policy is directly affecting CSOs and their activities on SRHR, particularly on family planning, safe abortion and HIV/AIDS. Compared to last year, we found that gaps in SRHR information and services are wider now.

Participants involved in implementing the SIFPO-II project in Nepal shared that after the early termination of SIFPO-II, they had to close down few of their reproductive health centers, discontinue support to the government and end their other demand generation activities. This has impacted those unreached populations who now continue to be deprived of SRHR services. Compared to last year, a greater number of participants shared visible impacts of GGR this year. About 14 respondents who were working directly in SRHR said that they have already observed a decline in provision and access of family planning, safe abortion and HIV/AIDs services as a result of this policy.

'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-II ended, all those people now have to go to health facilities to get family planning counseling and services, which is far …. 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 (PLGHA)… It is promoting teenage pregnancies, unwanted pregnancies and unsafe abortions in this district.'

- Participant from an INGO, Sankhuwashabha

Training of health worker and supply of FP commodities is affected

Government officials and organizations working for FP and abortion services acknowledged the value of external support to the Ministry of Health and Population for capacity building, supplying of commodities and other forms of technical support. They also shared that the government does not have enough 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 have 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.

Adding challenges to MoHP for SRHR services and losing its momentum

Many participants believed that Nepal is already facing several challenges to the smooth execution of health services due to the newly implemented federal administrative structure. On top of this, the GGR policy is adding additional challenges in health service delivery, resulting in obstruction of services and lost 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... So, as an organization, GGR is affecting a lot in a context where we have a high unmet need for family planning among adolescents.'

- Participant from an INGO

Ongoing disruption of partnerships

Participants shared that the disruption of partnerships between CSOs is ongoing this year as well. Four participants (both USG recipients and organizations working on abortion) reported experiences of breaking down of partnerships with their old or new partners because of this policy. Participants from INGOs also further noted that they had hard time finding partners to work within districts.

Participants mentioned that, because of the policy, both national and local level organizations did not have a favourable environment to come and work together. USG funded organizations do not participate in any programs or meetings called by those organizations working on abortion, nor did they invite participants from those organizations to their own meetings. Participants expressed substantial dissatisfaction that they were losing opportunities for working together in the same community and get each other's support that may compromise program's efficiency, effectiveness and create duplication of resources.

Funding cuts and limited options for organizations

Similar to last year, participants shared that they are facing cuts in funding from USAID. They proclaimed that CSOs activities are scaled down and compromised because of USG funding cuts.

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

- Participant from a service providing organization

Compared to last year, we found that organizations have realized that their resources have been compromised because of the policy. Ten participants shared that they lost financial resources, infrastructures, their trained human resources and their coordination mechanisms. As a result, they expressed dissatisfaction about not being able to

support the government since they had to scale down their program and activities.

Knowledge and understanding on GGR continue to be limited

As in the previous year's findings, knowledge and understanding on GGR continue to remain poor, particularly among participants from non-USG funded organizations and at the district level. More than half (26 out of 37) explained GGR as a policy that restricts US funded organizations to provide information, services and refer for safe abortion. Compared to non-USG recipients, USG recipients could explain GGR in detail, referring this policy as PLGHA. Only three participants shared that they had heard about March 2019 expansion, and even then only after researchers probed about it.

Clear knowledge and understanding of the policy, with appropriate information, clear communication from USG and, if applicable, the prime USG funding recipient, is critical for implementation of the policy. 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. 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.

Implementation and monitoring of GGR felt burdensome

This year, we found that organizations that signed the GGR faced a challenging situation 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 their efforts to train staff, ensuring they are aware of GGR and able to monitor compliance in field.

GGR policy is not welcomed even by USG recipients

Similar to previous year, majority of participants did not welcome the policy, irrespective of type of organizations and their funding sources. They described it as 'weird', 'unfair' and 'a rule against right based approach'. Several participants feared that the policy will give rise to unsafe abortions rather than restricting abortion. Though USG recipients also felt this policy not to be supportive to women's health in Nepal, they were obligated to follow their donors' policy.

'This is a political brawl that the US is having within its political frame. It is also religious and political. 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.'

- President of an NGO

Silencing of voices – continued

Organizations cannot talk openly about abortion after signing the GGR policy. Similar to the 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 over the policy preventing them from supporting the government in safe abortion work, particularly 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.'

- Participant from a not-for-profit organization

Discussion about GGR within government is rare and no any major efforts to fill funding gaps

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 realized 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 silencing of the voices of many organizations may have contributed for 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 questioned why organizations were not reaching out to them and even suggested ways to include this issue in the parliamentary discussion.

Participants mentioned that there were no major efforts undertaken that convince donors or the government to fill funding gaps created by GGR. Only one bilateral donor agency shared that they felt some pressure in channelling funds. Although less advocacies have been done till date, almost half of the participants, mostly from INGOs and NGOs working on SRHR, believed that the impact created by GGR needs to be solved as early as possible either by the government or by the donors.

Emboldening of anti-abortion organizations

Participants observed that religious and anti-abortion organizations are emboldened after the reinstated GGR and are spreading anti-abortion messages in community/ schools. Although they mentioned such groups do not openly operate, they have heard that such groups/organizations are mainly trying to influence poor and vulnerable populations in remote areas with anti-abortion messages and Christianity.

CONCLUSIONS

This study examined the impacts of the expanded GGR in its third year of implementation in Nepal. 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 attitude towards this policy. The policy is perceived to be restricting women empowerment and putting women at risk of gender-based violence and affecting the rural, poor, illiterate and most marginalized and disadvantaged communities of Nepal.

GGR is in its third year of implementation and impacts are being observed gradually. For example, 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, counselling, services and reducing stigma on FP to unreached populations. It also supported improving the capacity of public sector service providers at the district level for delivering FP and other SRHR services. Now, as the program ended, these activities have stopped in 22 program districts, have already witnessed gaps in SRHR service coverage and decreased quality of services. Not only this, SIFPO-II implementing agencies lost about 187 trained staffs, closed down many clinics and could not run mobile camps for family planning and other SRHR services. This has mainly affected the rural and most marginalized and disadvantaged communities of Nepal who now need to rely on public sector for services, which may not be reachable to many of them.

As in the previous year, we also found the policy has limited resources available to expanding health services and sustaining the progress made in SRHR areas in recent years. We also noted that the policy is wrecking coalition and networking between organizations, resulting in lost partnerships or difficulty in finding suitable partners for program implementation and silencing the voices of CSOs. 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 GGR are rarely discussed among the governments, parliamentarians, media, and the public. 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 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 health sector and to achieve Sustainable Development Goals.

RECOMMENDATIONS

- **To CSOs -** Support global efforts in Public Interest Litigation (PIL) 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; 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 CSOs working in SRHR by expanding 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 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; request bilateral donors to increase contribution on SRHR.
- **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.

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