

Though the Protecting Life in Global Health Assistance (PLGHA) Policy was rescinded by U.S. President Biden on January 28, 2021, the policy has already damaged sexual and reproductive health and rights (SRHR) service availability, quality of services, and partnerships and coalitions between organizations in Nepal that will take time to heal.

BACKGROUND

Nepal is recognised as one of the South Asian countries with progressive laws and policies particularly on sexual and reproductive health and rights (SRHR), including safe abortion. Over the past 10 years, improvements have been noticeable in the health status of women and children where maternal mortality in 2016 decreased to 239 per 100,000 live births from 539 in 1996.¹ Also, gradual improvements have been observed in other maternal health indicators like antenatal care visits, postnatal care visits, institutional delivery, and child mortality.¹⁻³ However, disparities in essential care for SRHR and other services still persist among different sub-regions of the country, and among specific population groups such as adolescents, those who are poor, and marginalised women in Nepal. If Nepal is to meet its domestic targets and international obligations - notably the Sustainable Development Goals (SDGs) and the targets of the 1994 International Conference on Population and Development - then the country will need to broaden the reach and scope of SRHR services provided in country.

SRHR is one of the priority programs of the Ministry of Health and Population (MoHP) of Nepal, including family planning and safe abortion services. Since 2016, the MoHP has been providing safe abortion services free of charge in approved public health facilities.² However, over half of abortions that occurred in 2014 were illegal according to the most recent available data.⁴ Lack of awareness of the availability, location, and cost of services;

lack of transport to approved facilities; and gender norms and religious beliefs are hindering women's ability to access safe and legal abortion services.⁵⁻⁶ Due to numerous other social and cultural factors, such as a patriarchal society, limited SRHR autonomy and knowledge, geographic isolation, as well as abortion stigma, many Nepali women remain unaware of the legal status of abortion and have limited or no knowledge of where to access safe abortion services.⁷⁻⁹

Though the MoHP has committed to ensuring that at least five modern contraceptive methods are available in public health facilities, not all facilities are providing five methods because of lack of trained health care providers and essential commodities.² As a result, there is a high level of unintended pregnancy across the country according to the most recent available estimates; more than 50% of women in Nepal experienced an unintended pregnancy in 2014 and there has been no significant decrease in the unmet need of modern contraception among women in Nepal since 2006.⁴

Nepal's new Constitution, ratified in 2015, enshrines the right to healthy living and access to health services as a fundamental human right.¹⁰ It guarantees every citizen the right to free basic health services from the State, including emergency health services and equitable access to health services. However, the government of Nepal has limited capacity in terms of funds, technical support, and human resources to provide health care to all people.

In addition, following decades of political uncertainty, Nepal has moved on from the unitary system of governance to the federal system with new roles and responsibilities for local, provincial and federal governments. This has initiated a significant restructuring of the country and provides an enviable opportunity to reorganize the health system around the principle of universal health coverage. The way Nepal delivers health services will need to change. 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 United States Agency for International Development (USAID) has been providing financial assistance to Nepal focusing on a range of interventions, including maternal and child health, family planning, health commodities, education, governance, disaster risk reduction, agriculture, nutrition, and sanitation and safe drinking water.¹¹ However, with implementation of the Protecting Life in Global Health Assistance (PLGHA) policy (also known as the Global Gag Rule (GGR) or Mexico City Policy) since early 2017, the sustainability of these achievements could be under threat. This threat has been further exacerbated by the COVID-19 pandemic as health facilities have had to divert resources for COVID-19 management and response, which either disrupted or compromised the quality of SRHR services.^{12, 13}

The PLGHA policy of the United States prohibits foreign NGOs who receive U.S. Global Health Assistance (GHA) from providing, referring, or advocating for the liberalization of abortion as a method of family planning except in the cases of rape, incest, and life endangerment of the pregnant woman or girl.¹⁴ When the policy is in effect, any foreign NGOs receiving GHA are required to comply with the policy.

As per the policy, the GHA recipient organization cannot fund a partner that is involved in the provision of abortion services and referrals, which hinders organizations' partnership and funding opportunities and undermines the integration of family planning and other sexual reproductive health services.¹⁵ However, Nepal's abortion law legally allows abortion with consent of the pregnant person under certain conditions by trained health providers from accredited health facilities. Hence, this alienation of

GHA recipients from the provision of abortion-related activities is against Nepal's abortion law.

The policy further impacted health programs funded through GHA in March 2019 when the US announced a new expansion on the policy prohibiting GHA recipients from providing any financial assistance to any organization that engages in activities that are prohibited by the PLGHA policy. After this expansion of the policy in March 2019, gagged foreign organizations were not permitted to grant financial support using US GHA funds or other donor funds to organizations engaged in activities prohibited by the policy.¹⁶ On January 28, 2021, U.S. President Biden revoked the GGR via presidential memorandum, which directed U.S. government agencies to cease implementation of the policy that had forced institutions to stop safe abortion services worldwide.¹⁷ It is the hope that the revocation of this policy will improve SRHR services in Nepal and around the world, but a lot of action may be needed to address the damage created by the restrictive policy.

Since 2018, CREHPA and IWHC have carried out annual studies to assess the impact of PLGHA on SRHR services in Nepal. This brief summarises the findings of the data that we have collected from 2020-21.

OBJECTIVES

The main objective of this study was to document the impacts of PLGHA on SRHR and related services in Nepal from 2016 to 2021. A secondary objective of this study was to gather information about the revocation of PLGHA by President Biden in January 2021.

DATA AND METHODS

We conducted in-depth interviews (IDIs) with 21 national-level stakeholders and analysed four years of (2016/17-2019/20) Integrated Health Management Information System (IHMIS) data obtained from the Department of Health Services, MoHP. Participants were purposively selected to capture a wide range of organizations, roles, experiences, and expertise relevant to the implementation of PLGHA in Nepal. Of the 21 key stakeholders who participated in the 2020-2021 study, eight were also interviewed in 2019-2020. The

remaining 13 were new participants working in SRHR and maternal and child health in Nepal (eight from international organizations, four from national organizations including one anti-abortion organization, two from government organizations, two parliamentarians, two media representatives, and three from UN and bilateral agencies). Seven of the 21 participants reported that their organizations have received US government (USG) funding for various programs, six of whom received U.S. global health assistance.

Due to COVID-19-related lockdowns and safety precautions, 15 of 21 interviews in 2019-2020 were conducted virtually as preferred by the participants. All interviews, except one, were audio recorded after receiving the written consent of each participant. IDIs were transcribed verbatim and translated into English if conducted in Nepali. The IDI transcripts were analysed using thematic analysis through Dedoose, a cloud-based coding software according to code definitions.

We also used IHMIS data to assess the trends in contraceptive acceptors and use of abortion services. Additionally, we tracked seven major national daily newspapers dated between January to December 2020 in order to trace news on cases of maternal mortality and their causes. If any maternal deaths were reported in the newspaper, we followed-up on the case with relevant stakeholders to gather detailed information to assess whether such deaths were related to unsafe abortion.

In July and August 2021, we contacted all stakeholders who were interviewed in 2020 to gather information about the revocation of PLGHA in January 2021. Of the 21 stakeholders, 18 of them shared their perspectives either during a virtual interview or through written responses to the research questions. We asked them seven main questions around how they feel about the policy's revocation; the communication or guidance they received about the revocation; the dissemination of the revocation information to their partner organizations; and the impact of the revocation on their organization, their partnerships, and to the country overall. These data were analysed following a similar methodology as the initial interviews that were conducted in 2019-20.

The study protocol was approved by the Nepal Health Research Council.

KEY RESULTS ON PLGHA IMPLEMENTATION

Disruptions in SRHR services continue, mostly affecting marginalized populations and adding challenges to sustaining the work of civil society organizations (CSOs) in Nepal

Consistent with data collected over the past three years, many participants said that the implementation of PLGHA has created gaps in SRHR service availability and utilization, which predominantly affected marginalized and underserved populations in Nepal. Participants noted that cuts in USG funding affected SRHR program activities like supply of equipment and demand-generating activities, ultimately leading to low or no utilization of services. One participant explained:

“First and foremost the policy will impact the women of a marginalized and poor community, those who can afford will have access to the service anyhow. With the support of organization to some extent the public health facility in the community are able to provide family planning service, with the help of FCHV family planning services and knowledge are accessible in the community. If the service discontinues the marginalised community dependent on it will have a difficult situation.”

- ID 14, NGO working on SRHR

Participants also felt that since Nepal depends on donor funding for SRHR services, PLGHA would compromise the work of national non-governmental and civil society organizations and may pose additional risks to the sustainability of achievements so far. For example, one of the USG prime recipients shared that they had to remove an activity to provide referrals for safe abortion services from the budget line for their sub-grantee after the March 2019 expansion. Similarly, a sub-grantee working with female drug users had no option but to accept the policy and halt their safe abortion referral services despite their strong willingness to provide this service.

Quality of health care services has been compromised and women are still dying because of unsafe abortion

The Nepali Government has also reported experiencing challenges collaborating with other international non-governmental organizations

(INGOs) due to PLGHA restrictions, which has impacted their ability to implement recently developed interim guidelines to provide reproductive, maternal, neonatal, child and adolescent health (RMNCAH) services. One government officer explained:

“After hearing that there will not be a support from INGOs working on safe abortion to the government and they will withdraw their support to provide training, we were worried then..... We have formulated an RMNCAH guideline acknowledging COVID situation which also includes some aspects of safe abortion service. We are orienting health service providers in working different levels of health facility. We had approached a USAID funded program for their support to this crucial orientation training, however, they are willing to the training but put a pre-condition that we cannot talk about safe abortion services during the orientation.”

- ID 19, Senior Government Officer

Additionally, a total of 34 maternal deaths were reported in the newspapers between January 2020 and December 2020. Of the total, two deaths were due to unsafe abortion. In both places where deaths took place, support for the provision of safe abortion services from organizations has either declined since 2017 or stopped completely. Access to services and support from organizations are vital for improving access to safe abortion services and ultimately reducing maternal mortality from unsafe abortion. However, challenges posed by the PLGHA policy - like defunding the organizations that have been expanding safe abortion services has created a major obstacle to improving women's lives in Nepal.

Double threat to SRHR services and declining trend in new acceptors of family planning and safe abortion

The majority of participants (16 of 21) thought that Nepal's health system, which is already strained and fragile, is facing a double threat to SRHR outcomes: the current COVID-19 pandemic layered on top of the Trump-Pence administration's expanded GGR and the defunding of the United Nations Population Fund (UNFPA).

These policies have restricted community access to lifesaving services, reduced in-country support from highly experienced I/NGOs, threatened health systems, and impeded coordination with other donors and governments. Participants noted that the restrictive policy has contributed to decreased resources for SRHR services in a situation where a large portion of government resources have been diverted for COVID-19-related preparedness and response. For example, a participant from an NGO shared:

“Due to the COVID-19 pandemic, the fund on safe abortion for 2021 has been declined by 35%. So, there is a challenge for us to implement a safe abortion program in 2021...I have heard the SRH clinics are on verge of being closed down... For us a 35% decline in the fund we may not be able to carry out our safe abortion program on the large scale. In this situation, we are not eligible to apply for any USAID funding opportunities due to the policy”

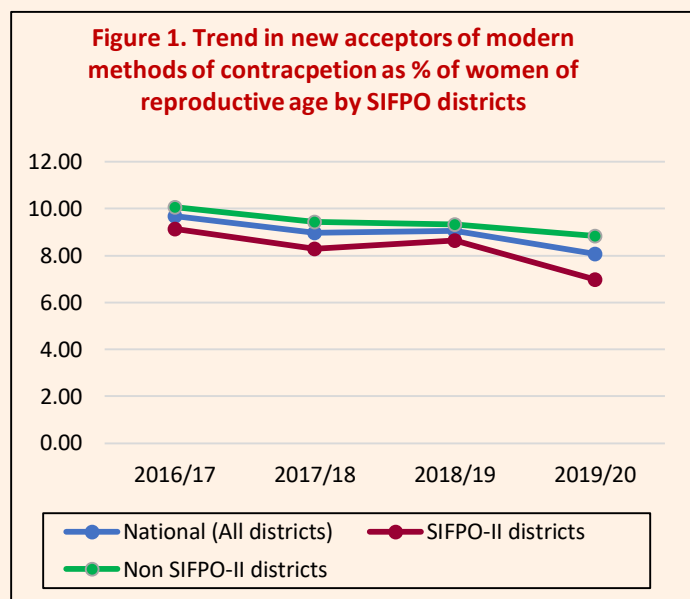
- ID12, NGO working on SRHR

Box 1: Woman dies of unsafe abortion in Terathum district located in eastern hilly region of Nepal

....., a married woman aged 35 years died due to unsafe abortion on 17 July, 2020. She was a resident of Municipality of Terathum district (a hilly district in eastern part of Nepal), homemaker, and belonged to indigenous community and a mother of three children. She had unintended pregnancy and went to hospital for abortion. However, hospital denied service citing her pregnancy is beyond the legal limit of gestational age of 12 weeks and suggested her to continue pregnancy. After denial of service from hospital she visited another health provider who is not approved by the government to provide abortion services. She received some medical pills from private providers, but unfortunately, she had heavy bleeding. Then she was taken to another tertiary level hospital (BP Koirala Institute of Health Sciences) but her condition did not improve. On the 6th day of consuming medicines for abortion, she died due to haemorrhage and infections.

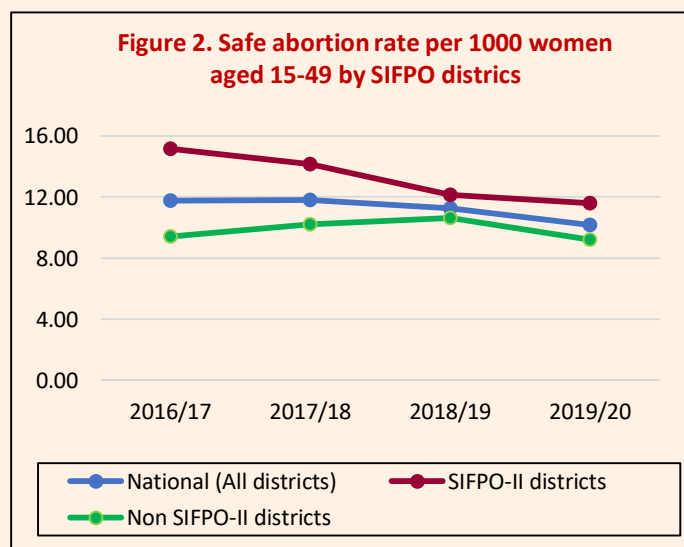
- Based on the news published in Nayapatrika National daily newspaper on 23rd July 2020

The participants further urged that without the restrictive environment created by PLGHA, funds likely would have been available for SRHR services, particularly for family planning and safe abortion services, while organizations could have worked together against COVID-19 pandemic.



Source: IHMIS raw data, 2016/17-2019/20

IHMIS data in the last four years showed that the number of new acceptors of all modern methods of family planning has been decreasing since 2016/17 [Figure 1]. This decline is more pronounced in SIFPO-II districts after 2018 than in other districts may be due to the early termination of USAID's support for the family planning program. Similarly, the number of women receiving legal and safe abortion services has also been declining since 2017/2018 [Figure 2]. These declining results may be due to the closure of clinics run by the organizations whose support from USAID was ended as a result of PLGHA restrictions.



Source: IHMIS raw data, 2016/17 -2019/20

Defunding of organizations and restriction of use of funds

More than three years ago, two organizations that had been implementing the USAID-funded SIFPO-II family planning program were defunded only months before the completion of the program. The defunding was not limited to these primes but cascaded consequently to the local partners and clinics they worked within various districts. As a result, activities to increase access to contraceptives were reduced, including efforts to strengthen public facilities by providing training on long-acting reversible contraceptives and ensuring availability of family planning supplies and commodities. Also, community-based programs to raise awareness of family planning services decreased and were ultimately ended since they had no funds to take it forward after the loss of USAID funding.

Four participants who worked in the SRHR sector focused on family planning and safe abortion shared that they have been directly impacted by the policy while seven participants lamented that they have heard of or seen impacts to other organizations that they know. These impacts were particularly relevant for their work in terms of providing SRHR services and raising awareness on SRHR at the community level. Because of the shortage of funds, organizations (both prime and sub-grantees) that lost funding due to the GGR had to halt program activities and cut staff positions, which consequently increased the burden for local organizations and their partners to continue the activities. For example, a participant from a leading organization providing safe abortion services in Nepal said:

"SIFPO-II was a family planning and system strengthening project of the government. Due to GGR, now, we don't have major family planning project and we also have a fund crisis. We are not able to scale up the family planning program for example we have been organizing vasectomy camp from our core fund and it is limited. As we have limited resources there has been an impact on the large-scale programs aimed at increasing the couple years of protection. Likewise, we have been trying to explore new family planning projects but we are backed away from USAID fundswe are banned from new USAID opportunities because we provide safe abortion services".

- ID 12, NGO working on SRHR

CSOs in Nepal are largely dependent on donors like USAID and UK Aid for their programmes. On one hand, some CSOs lost a USAID funding opportunity due to PLGHA restrictions of GHA funds to organizations working on safe abortion. On the other hand, other organizations working with USAID funds lost the opportunity of receiving any funds for safe abortion even from other funders as part of their compliance with PLGHA.

Just over half of the participants (11 of 21) mentioned that the funding restriction imposed by PLGHA negatively impacted CSOs' programs and their sustainability, particularly in the rural and remote areas of Nepal. For example, one of the USG prime recipients explained:

"One of our local partners in a district was selected for an abortion-related project but they could not accept the fund being a complaint organization. The decision was not easy, the district has a high prevalence of child marriage, women get pregnant at an early age, and access to abortion service would have supported a lot to save their lives. The organization requested us for a consideration so that they could run both of the projects, however, we could not support their request."

- ID 17, INGO, USG Prime Recipient

Beyond the funding loss, participants also mentioned that PLGHA has created an environment with limited working areas for CSOs and curtailed their freedom. For example, even if desired, USG funded CSOs were not able to work in the areas of safe abortion and those CSOs working to expand safe abortion services were not allowed to work with USAID-funded organizations because of PLGHA restrictions.

The majority of participants (12 of 21) were concerned by the USG's funding cuts to WHO and UNFPA and seven of them mentioned the impact of these funding cuts on a developing country like Nepal. One participant representing an NGO considered that such funding cuts impede effective multilateralism and negatively impact the UN. As a result, a country like Nepal who benefits from being part of the larger UN movement will be affected. Participants from PLGHA-compliant organizations also mentioned that the decline in funds will increase the load on the government as organizations with funding cuts couldn't support the government in training health workers, and support in service

provision of SRH, which distorts planned activities, and further limits funding opportunities. A participant from a GHA prime partner shared:

"There will be an impact because in Nepal everything is interlinked. We prefer to work on integrated approach, in partnership. For example, we have partnership with the UN and if the fund restriction impacts the UN, we will also have an impact. In the global scenario, 33% of the fund support to the UN comes from USAID. The fund restriction on the UN means people will be affected globally".

- ID 01, NGO, USG Prime Recipient

Challenges to operate CSOs and lost partnership that could be re-established

Participants mostly from non-USG-funded CSOs working on SRHR mentioned that they have experienced challenges in organizational operations as funding opportunities are very limited for them, particularly due to PLGHA. Two of them also shared that as they laid off staff three years ago due to early termination of a USAID-funded project, they have been unable to resume their work in those districts. One participant explained:

"We have activity-based funding in the alliance. We partially fund the program based staff who are primarily hired by fund recipient organization of the alliance. Due to GGR, the fund recipient organization had to close their own program and their program staffs were also laid off. Our partial support from the alliance was not enough for those staffs, and we had to bid farewell to those experienced and trained staffs. Later we had to assign new staffs, we had to orient them, train them which reduced our work pace".

- ID 14, NGO working on SRHR

As in the previous three years, the policy continues to impact the partnerships between compliant and non-compliant organizations. The two organizations who lost partnerships with USAID in previous years continued to suffer due to their inability to certify the policy. Likewise, organizations working in safe abortion also endured the continued impact of the policy as they could not partner with the district-based USAID sub-recipients despite both organizations' willingness and commitment to working together. Organizations that declined to sign PLGHA also worried about their inability to apply for

future calls for proposal from USAID. One NGO representative working in SRHR said:

“We have heard that USAID is interested in Comprehensive Sexuality Education but due to the policy we cannot approach to work together on such program as well.”

- ID 12, NGO working on SRHR

Additionally, participants mentioned that organizations did not have a conducive environment to work together because of the policy. Since the policy was first instituted, PLGHA-compliant organizations do not participate in any programs or meetings called by organizations working on abortion, nor do they invite participants from those organizations to their own meetings. Participants expressed their frustration that they were losing opportunities to work together in the same community and to get each other's support, which may compromise relevant programs' efficiency and effectiveness while duplicating efforts.

Organizations are struggling to obtain alternative funds

Similar to last year, non-compliant organizations are still struggling to receive alternative funds to continue their programmes after the discontinuation of USAID support. For example, one of two non-compliant organizations was able to obtain emergency funds from other sources after their funding was cut by USAID and they managed to retain some of the trained staff and continue implementing the programme to some extent. The other organization, however, had a hard time raising the funds and had to use a different mitigation strategy. A participant representing this organization said:

“We had great difficulty in raising the money like going to the hell. We were cutting cost everywhere as much as we can and save money for the programme... it has been a savouring [saving] experience, to make programme efficient and effective with very limited amount of money.”

- ID 08, INGO working on SRHR

Nevertheless, a few participants saw this as an opportunity to foster synergies and develop relationships with other bilateral organizations, CSOs, and the government to minimise the damage the PLGHA has caused in the country.

Knowledge and awareness on PLGHA policy has not improved over the years

The paucity of knowledge on PLGHA continued among the participants in 2020. Only two of 13 new stakeholders that we interviewed (a PLGHA-compliant organization and a PLGHA non-compliant organization) fully and correctly explained the PLGHA policy. The majority of the participants (9 of 13) described it as a policy that does not support abortion and prevents USAID from supporting organizations working on safe abortions. Two of the participants (a representative from a bilateral organization and a parliamentarian) didn't know about the policy at all. Only the new participants from three international organizations that were interviewed in 2020 had heard about the March 2019 expansion but none could explain it in detail.

Three stakeholders from INGOs mentioned that there has been confusion and misinterpretations of the policy among their partner organizations. Some of their partners were restricting themselves more than the clauses of the policy required while others misinterpreted the policy and thought they had to stop counselling, referrals, and service provision for any services related to the legal and safe abortion care they were currently providing.

Moral dilemma and implementation and monitoring of PLGHA continued to be burdensome

We found that organizations that signed the PLGHA continue to face a challenging situation and are in an ethical dilemma while implementing the policy. The prime organizations also shared that monitoring the compliance of PLGHA 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 PLGHA and are able to monitor compliance in the field. For example, the USG prime recipient shared:

“As a Nepalese citizen I did not feel it is right policy to comply with but as a part of my job I need to ensure the compliance of the policy. It is very challenging. It is also mandatory that all the staffs should be aware of the policy and its clauses. Also, there should be a monitoring and documentation mechanism in place... Since awareness, monitoring, documentation are necessary, this policy requires lots very efforts and resources.”

- ID 17, INGO, USG Prime Recipient

PLGHA is not welcomed, even by recipients of USG funding

Similar to the last round of data collection in 2019, none of the participants had positive attitudes towards the PLGHA policy. All of them explained that PLGHA could affect health service access, SRHR services, in particular, by impacting organizations working on expanding SRHR services at the community level. They perceived that PLGHA is not appropriate in the context of Nepal and that it does not support the ongoing progress and activities being carried out to improve women's health in Nepal. For example, a participant said:

"The policy sounds conflicting and contradicts to what is already allowed in our country...CSOs are being cramped by the foreign policy which is against the legal provision of Nepal and these instances will definitely create an impact."

- ID 01, USG Recipient, NGO working on women's health

The majority of the participants (15 of 21) believed that PLGHA will particularly affect family planning and abortion services that will consequently impact the overall health sector. A few participants (2 of 21) perceived that this policy will also affect the sectors beyond health and wellbeing in Nepal like socio-economic and women's rights sectors.

For example, a participant from an organization involved in expanding safe abortion services shared:

"...If an adolescent girl is deprived from safe abortion service, it can lead to various consequences. She might not be able to continue her studies, might not be able to find a job, be independent, and contribute towards the society and nation as expected..."

- ID 03, INGO working on SRHR

Silencing of voices continues

The effect of the policy among the organizations receiving USG funding continued through 2020. According to a participant, after the March 2019 expansion of the policy, the USG recipient organizations have been more reluctant to speak about abortion. A media representative shared a similar experience that compliant organizations are reluctant to freely talk about the issue. They said:

"We can observe reluctance to talk formally, I need formal documentation to cover news on this matter but they are not able to share anything formal. We cannot make on news based on informal talks, we need some evidence on that situation."

- ID 11, Media personnel

KEY RESULTS ON PLGHA REVOCATION

Almost all stakeholders welcomed the revocation of PLGHA by the current US President Biden but want to see a permanent solution to this issue

Almost all participants (17 out of 18) considered President Biden's revocation of PLGHA as a step to support women and girl's sexual and reproductive health and rights (SRHR). Those who have been working in SRHR expressed rays of hope coming from the revocation decision as they can now work in the sector of SRHR with the few restrictions of PLGHA and Helms amendment. Additionally, the stakeholders shared that they feel they have moral support to work in favor of women's rights and women's health. Stakeholders also mentioned that they would like to see a permanent solution to this problem by removing it forever and hoped that global efforts to pass the Global HER Act will be successful in the near future. For example, one organization who has been advocating for women's rights said,

"This is obviously good for us. This revocation has provided a kind of relief to organizations working on SRHR like us. Because there has been a lot of indirect impact of GGR policy since this was implemented and now all these are waved out. With this revocation we have a moral support now to work on SRHR sector. Of course, the financial support will also increase. But, most importantly we will have both the financial support and also moral support to work on SRHR issues of women in Nepal...When the democrats win, they revoke the policy and when republican wins, they again implement the policy. This should be removed forever and should no more be a political agenda."

- ID 06, INGO working on SRHR

On the contrary, one faith-based organization strongly opposed the policy's revocation on the grounds that the organization does not support abortion.

No formal communication about the revocation of the PLGHA policy, most information was received from mass media

Most of the stakeholders (10 out of 18) did not receive formal communications about the revocation of the policy from concerned organizations such as their central office or headquarters or US funding agency, such as USAID. One participant had even not heard about the revocation before the interview while eight of them had heard about it mainly through national and international mass media. Those who received communication from formal channels were mostly shared through email and discussions in meetings. One participant shared,

“We have received communication from our head office that those restrictions have now been revoked and we should start looking for opportunities to bid for any call that may be published.”

- ID 08, INGO working on SRHR

Though it is too early to assess the impacts of the revocation, participants hope for positive impacts to their organizations

Most of the participants (11 out of 18) hoped the revocation would have positive impacts in their organizations soon, though it is too early for them to measure the impact and implementation. However, they believed that they would have more support for SRHR programs and activities in the future as well as new funding opportunities from USAID. They also felt that this has opened an avenue for new partnerships and collaboration. Only three organizations (two non-recipients of US funding and one US funding recipient) had already felt some impacts due to the revocation. One of them, who has been working to expand safe abortion services in Nepal for years, has started to apply for grants from USAID and they are hopeful these applications will be successful since their participation in these grants was restricted when the policy was in place. One participant shared,

“Previously when the policy was in place, we were ineligible to receive funds from USAID as we work for safe abortion services. Now, that we are eligible to apply for USAID funds. For example, now organizations are already approaching for us to collaborate in applying for USAID grants. It is because we have years of experience of working on safe abortion and family planning and now we

do not have PLGHA, of course.We hope that we receive grants so that we will be able to expand our family planning services to many districts as possible and that people do not have to be restrained from those basic services.”

- ID 12, NGO working on SRHR

Another stakeholder spoke about the policy's revocation on their partnerships in this way:

“It will have a positive impact. Now, we can partner with more organizations. There will be new rooms for partnership with various organizations either with those working on safe abortion services or those who are USAID grant recipients. On this partnership issue, past president Trump had narrowed down the things while current president Biden has opened as well as widened it.”

- ID 16, INGO working on SRHR

Similarly, another organization also felt that the revocation has widened their portfolio of work and that they can apply for USAID funds after the revocation. Interestingly, a US-funded organization also shared that they had to add some activities because of this revocation, such as inform all staff on the updates and revise all the training materials (i.e., remove information on PLGHA from the materials), however, the burden was less than when PLGHA was in place. For example, one participant shared,

“There are no other implications except some immediate implications so as to orient all the staffs, or to apply those efforts to find out whether all staffs know about it or not and to revise materials accordingly. We are told to omit some conditions which is not only applicable to center but to the district level and partner agencies. We spent 1-2 months working on those implications as we need to go through few things to get comfortable to it.”

- ID 17, USG Prime Recipient

Very few organizations are continuing to implement PLGHA since it was revoked

Many stakeholders (16) haven't observed or didn't know any organizations who are continuing to implement the policy since it was revoked. Among them, two US funding recipients strongly stated that those who receive USAID funding must abide by the policy change and should not continue to implement

PLGHA after the announcement of its revocation. However, two participants who work in the field of SRHR and human rights shared that there might be some possibilities of the continuation of implementation. A participant from a UN agency speculated that,

“US grantees may not be fully aware of the revocation and the ongoing programs are still subjected to restrictions imposed earlier.”

- ID 13, UN agency

The revocation of PLGHA will have positive impacts on SRHR programs in Nepal

The majority of stakeholders (16 of 18) believed that the revocation will bring positive changes in health programs of Nepal, particularly in the SRHR sector. They stated that new programs on family planning will be launched from USAID which will support the government expand family planning services in unreached areas to benefit marginalized populations during the COVID-19 pandemic. A senior government official said,

“I assume that support in terms of funds will be increased. Along with that, there might be new family planning programs in place to support us. After revocation, if any family planning projects announced, it will be a great support to us, particularly in this situation of COVID-19.”

- ID 20, Senior Government Officer

Participants are hopeful that this step will help to reduce the gaps in service delivery and advance the health of women and girls with the provision of family planning and safe abortion services. A participant from an INGO shared,

“Funding from USAID provided key support to health systems strengthening work, delivering services to women living in rural community... After revocation, once organizations will start implementing new programs, it will support the rural communities, will expand the services, there will be no problem with stock outs of commodities and an increase in contraceptive use, women will be able to access their chosen method, and a decrease in unintended pregnancies and unsafe abortions.”

- ID 04, INGO working on women's health

Few stakeholders also mentioned that the revocation of PLGHA will help USAID funding to support organizations with limited restrictions so that they can implement and expand family planning services in Nepal. For example,

“Revocation of GGR/PLGHA would have direct impact in our types of reproductive health related programs in Nepal as there has been paucity of funding recently due to COVID crisis which we hope would get a relief once USG funds resume in Nepal. There were many core areas of services supported by USG funds historically in Nepal that were halted abruptly without back-up plans. Large number of service seekers, especially the women and girls of reproductive age groups suffered a lot due to withdrawal of those interventions at community level. We are very much confident that those programs would resume very soon.”

- ID 08, INGO working on SRHR

CONCLUSIONS

This study examined the impacts of the PLGHA in its fourth year of implementation in Nepal, as well as the first few months after the policy's revocation in January 2021. Similar to previous years, we found that the awareness of the PLGHA policy among organizations and across stakeholders was still limited as very few participants had heard about the March 2019 expansion in the policy. Due to this limited awareness of the policy, there were instances of misinterpretation and over-implementation of the policy, particularly by USG sub-grantees. The policy was perceived to be restricting women's rights and their ability to access SRH services and to disproportionately affect the rural, poor, illiterate, and most marginalised communities of Nepal. Further, the policy was also perceived to be against the sovereignty and constitution of Nepal, which provides protections for safe abortion services with the consent of the pregnant woman and the provision of services by trained health providers from accredited health facilities.

Over the years, the policy remained a challenge to fostering sustainable partnerships among organizations working on SRHR in Nepal. It also curtailed the operation of CSOs since the policy limited the availability of funding opportunities and put at risk the sustainability of the organizations that declined to comply with the policy. In 2020, the

quality of health care services was greatly compromised, which led to maternal deaths from unsafe abortion. The policy continued to disrupt SRHR services making health systems increasingly more fragile. In 2020, it was also perceived that the policy would have an impact on marginalised populations and would exacerbate existing vulnerabilities. Among USG recipients, the policy has gagged voices and continued pushing them toward a moral dilemma.

To bridge the funding gap created by the PLGHA policy, a few bilateral organizations have tried to support organizations working in SRHR, but they are struggling due to other competing priorities. In addition, the challenges posed by COVID-19 pandemic are making it even harder to continue providing SRHR services across the world and in Nepal. Limited resources are being diverted towards COVID-19 management and SRHR services are not getting adequate attention in the country. As result, there is an indication that unintended pregnancy, home delivery, and unsafe abortion have increased in the last year. COVID-19 poses challenges to sustain progress made by Nepal in SRHR and toward the Sustainable Development Goals.

The revocation of PLGHA by the current US administration is a first step towards supporting women and girl's SRHR. Participants of this research in Nepal would like to see a permanent solution to this issue by removing other restrictions on abortion such as the Helms amendment and the permanent repeal of PLGHA through the passing of the Global HER Act. It is hoped that the revocation would have positive impacts particularly related to the release of new funding opportunities from USAID, re-establishing collaboration and networks with other organizations, and expanding and improving the quality of SRHR services including abortion in Nepal. However, it remains to be seen how the revocation will be implemented on the ground.

RECOMMENDATIONS

- **To CSOs** - To advocate and support global efforts to pass the Global HER Act and push for the Helms Amendment to be repealed by US Congress to permanently end PLGHA and other abortion-related restrictions on US foreign assistance funds; Remain informed and communicate with partners and staff about the revocation of PLGHA by US President Biden and the implication of the

revocation on any US GHA funding; Ensure that SRHR services are running smoothly; and continue engaging in dialogue with the Government of Nepal, make them aware about the impacts of PLGHA policy and COVID-19 on SRHR services, and urge them to mitigate the harms of both PLGHA and COVID-19.

- **To the Government of Nepal** - Identify the scale and gravity of the impacts of PLGHA in the health sector and fill the service availability and accessibility gaps that have been created by the policy; Protect and facilitate and support CSOs working in SRHR; Urge bilateral and philanthropic organizations to increase their funding support to organizations providing comprehensive SRHR services in Nepal; and Create a platform to discuss the impact of PLGHA in health sectors and identify ways to mitigate them now that the policy has been revoked by President Biden.
- **To donor agencies** - Increase funding for SRHR services, including safe abortion, to help close the funding gaps caused by PLGHA; and allocate more funds to organizations working for marginalized, poor, vulnerable, and hard-to-reach populations in Nepal.

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