

Strengthening the Safe Abortion Ecosystem in Nepal

Identification

Project Title: Strengthening the Safe Abortion Ecosystem in Nepal

AMP ID: 87238117724031

IATI Identifier:

Gender Marker: Directly Supportive

Climate Change: Neutral

Budget Head:

Status: On-Going

Status Reason:

Budget Type: Off Budget

Input: Activities and inputs

- Provide TA to NHTC and PHTC to develop a SAS training management system for Provincial Health Training Centers and orient two PHTCs and support for training management
- Provide TA to strengthen the capacity of selected provincial and local governments to optimally utilize SAS budget allocations to continue and expand services
- Build capacity of selected health facility management committees to expand, implement and sustain provision of SAS. Provide TA to Palika to strengthen HFOMC by utilization of local resources as per local need
- Provide TA to develop mechanism and orient health facility staff to assess provision of responsive SAS and incorporate COVID response sessions
- Support for Integration of abortion under 13 weeks in preservice curriculum and support implementation
- Provide technical support to government to update SAS training manuals & guidelines to align with the new SMRHR regulation
- Support GoN and Province Government for COVID response including orient Interim RMNCH guideline (for COVID period) to managers, service providers/HWs and community people and support for rollout this guideline in the districts and support for safety items including drugs and commodities
- Initiate policy discourses at all levels of government to build broad consensus on SAS related policy/laws formation and TA to concerning authority in implementation
- Support the collaboration among all levels of government (including constitutional bodies and local/provincial bodies) to implement and monitor SAS
- Continue engagement with governments at all levels for allocation and utilization of funds for SAS activities (training, commodities, and supplies) and support for implementation. Provide TA to utilized allocated budget
- Advocate and TA for the integration of SAS in policy documents and support for implementation (ASRH implementation guideline, FCHV strategy, GBV policy, HMIS/LMIS indicators etc).
- Train and mobilized *Samudayik Aguwa* to bolster women's and girls' agency and combat harmful social norms. Provide TA to Palika to capacitate *Samudayik Aguwa* (NLs) and mobilized in the community
- Design and conduct force field analysis (key opponents/ key supporters) and

social norms analysis in partnership with the government to develop and implement targeted strategies with different actors and support for implementation

- Conduct community dialogue sessions and individual discussions with elected government representatives, civil society members (including men and boys), and other stakeholders to develop a supportive environment
- Conduct assessment/study and monitoring of program for evidence-based planning and decision-making including support in health service data management

- Identify, train and mobilized champions who will engage government agencies/officials from all levels for enhanced availability of SAS
- Develop/adapt and endorse an advocacy toolkit to address social norms and stigma and support for implementation
- Provide support for FCHV training using revised curriculum on SAS. Provide TA to Nursing Division/province and Palika to conduct FCHV training
- Engage with CSO/CBOs and local government to implement community level awareness raising and stigma reduction activities on SRHR

Output:

- Improved knowledge on law, social norms, and local government processes
- Improved capacity and support to discuss SAS in communities
- Improved confidence and connection to represent and share community voices
- Improved exposure to government planning and budgeting processes
- Improved experience and reputation as community resources

Outcome:

Samudayik Aguwa (NLs) are informed and empowered to engage with local government, health systems and civil society to ensure abortion plans and budgets reflect community needs, focusing on hard to reach populations (poor, vulnerable, and socially excluded)

Samudayik Aguwa (NLs) community outreach supports women & girl's agency to make choices about their reproductive health and to seek safe abortion, making it part of civil society agenda the local level

Impact:

Treasury Type:

Humanitarian Aid: No

Planning

Date of Agreement 2021-04-26

Date of effectiveness

Proposed Start Date 2021-07-01

Actual Start Date 2021-07-01

Planned Completion Date 2023-06-30

Location

Location	Percentage
NEPAL	100.0%

National Plan	
Program	Percentage
[Health and Nutrition] [Social Development Policy] [National Development Plan (NDP)]	100.0%

Sector	
Sector	Percentage
Nepal Sector Classification HEALTH 0	100.0%

Implementing/Executing Agency	
Implementing Agency	
Ministry of Health and Population	50.0%
NGO Federation of Nepal	50.0%
Executing Agency	
IPAS Nepal	100.0%
Responsible Organization	
Ministry of Health and Population	100.0%
Donor	
IPAS Nepal	0.0%

Funding					
Transaction Date	Type of Assistance	Mode of Payment	Post Earthquake Assistance	Commitment	Disbursement
IPAS Nepal					
Actual					
4/26/2021	Grant Aid	Cash	No	2,179,677	1,418,972
Total				2,179,677	1,418,972
Planned					
UNDISBURSED BALANCE				760,705	

Transaction Date	Type of Assistance	Mode of Payment	Post Earthquake Assistance	Commitment	Disbursement
4/26/2021	Grant Aid	Cash	No	0	2,179,677
Total				0	2,179,677
Total (IPAS Nepal)				2,179,677	3,598,649
UNDISBURSED BALANCE					-1,418,972

Progress Achieved

Progress Achieved:

Key Problems:

Steps Taken to Solve Problems:

18 policy discourses (with more than 500 participants) were organized with the federal, provincial, and local government stakeholders, Inter-Party Women's Alliance (IPWA) networks, women's networks, CSOs, and others. Ipas Nepal supported the government in orienting the provisions in these guidelines to more than 1,840 health managers, service providers, and elected government representatives from 16 districts. We also oriented 580 female community health volunteers (FCHVs) to support women self-managing their abortion, and 96 private pharmacists on dispensing MA drugs correctly. Technical assistance was provided to the National Health Training Centre (NHTC) and Province Health Training Centers (PHTC) to prepare SAS Training Management Guideline, including a follow-up Enhancement Package (on contraceptive care) and to update the trainers. Ipas also supported the expansion of the SAS training sites. . A total of 7 hospitals from three provinces were assessed for potential training sites during the reporting period. Five (5) service providers from 5 districts received training on abortion care at or above 13 weeks gestation, using a blended learning approach, and were provided clinical mentoring after the training. Ipas supported 3 medical colleges for training certification and training of trainers (TOT) for midwives' educators, in support of pre-service training on SAS. Ipas conducted operational research to assess the acceptability and feasibility of Sayana press, a subcutaneous injectables contraceptives, in Nepal. The study results revealed that this may be an additional FP method in Nepal's health system that will be widely accepted by women and girls of reproductive age. Ipas supported in agency building of 117 women and girls to increase the utilization of SRH services. Women from marginalized communities were selected and trained as Natural leaders (NL) to advocate for SRHR, including the use of a gender transformative approach in hard-to-reach communities. These NLs conducted more than 600 community sessions and reached nearly 14,000 women, men, girls, and boys. Ipas Nepal trained 45 civil society activists as champions from 7 districts in two provinces to help build social support through increased participation by civil society members for SRH services and stigma reduction. Ipas and its partners also trained 110 civil society members from 4 districts to challenge harmful practices and advocate for SRHR, and support champions in the districts. Ipas oriented 971 FCHVs using the revised training curriculum on safe abortion, safe motherhood, and reproductive health rights (SMRHR), and the provisions on SAS in the interim/COVID-19 guidelines on RMNCH services.

· Ipas Nepal, along with other INGOs, is facing reductions in funding from the largest anonymous donor in the abortion rights field. Additionally, there is uncertainty around funding from foreign governments due to a potential reduction in their GDP because of the coronavirus pandemic. At a time when sexual and reproductive health services are crucial, funding cuts pose a particular challenge not just for INGOs but also for people that rely on public health systems to provide free SRH services.· The lockdown and travel restrictions resulted in delays in implementing the project activities. Ipas Nepal planned and accelerated the implementation of the activities from November onwards after lifting of lock-down and decreasing the COVID-19 cases. The second wave of COVID-19 started in late March 2021; and has impacted almost all areas of the health system. Ipas Nepal is conducting many virtual activities and other COVID-19 response activities including procurement and supply of personnel protective equipment and other essential supplies.· An assessment of the SRHR program during COVID-19 context from the Reproductive Health Sub-cluster revealed that nearly three-fourth of SAS sites were non-functional, not able to provide SRH services, including abortion, during the lockdown period. Despite the challenges, the SAS sites in Ipas supported districts provided services immediately after the endorsement and orientation on the interim guidelines.

Development of alternative working modalities in COVID 19 context
 Exploring opportunities for alternative funding sources for safe abortion program
 Working in close coordination with health cluster and reproductive health sub cluster to address the challenges due to COVID 19 in SRHR.

Funding Information	
Total Actual Commitment	2,179,677
Total Planned Commitment	0
Total Actual Disbursement	1,418,972
Total Planned Disbursement	2,179,677

Sustainable Development Goals

SDG Topic: Goal 3: Ensure healthy lives and promote well-being for all at all ages

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Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Goal 5: Achieve gender equality and empower all women and girls
Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Target 16.1 Significantly reduce all forms of violence and related death rates everywhere

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Additional Information

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