

A ROAD TO REPRODUCTIVE JUSTICE



ANNUAL REPORT

JULY 2021-JUNE 2022

Ipas Partners for
Reproductive Justice
NEPAL



Message from Country Director

I am pleased to present the Annual Report of Ipas Nepal for the fiscal year 2022.

Despite the huge challenges posed by the COVID-19 pandemic, Ipas Nepal managed to achieve some incredible results in sexual and reproductive health and rights (SRHR), climate justice and survivor centric services to gender-based violence (GBV) survivors, contributing to national commitments. We reached to more than 36,500 women and girls with messages on SRHR and GBV. This helped to avert thousands of unsafe abortions and to prevent maternal deaths. A total of 1,921 GBV survivors received services from the one-stop-crisis-management-center. But there are still gaps to bridge in these areas. Thus, we will continue to make efforts in strengthening reproductive justice, the survivor-centric response against GBV, and women-led climate justice braving every challenge that we might face in the years to come.

For Ipas Nepal to achieve these great results in 2022, all levels of governments in Nepal, donors and our implementing partners played their role. Thus, I express my gratitude to the Federal, Provincial and Local governments for the support provided to Ipas Nepal in reaching out to the most marginalized women and girls with our interventions and making these interventions effective. I acknowledge the support received from our donors without which we could not have made targeted interventions in strengthening the SRHR, including safe abortion and contraception information and services, in preventing and responding against GBV, and in reducing the impact of climate change on women and girls and their SRHR. I would also like to thank all the partners who provided invaluable assistance in implementing our program activities. Similarly, I would like to appreciate Natural Leaders (Samudayik Aguwa), civil society organizations, SRHR champions and other community members for the great work done.

I am equally thankful to the Ipas Nepal staff for their tireless efforts in contributing to achieving the results. My sincere thanks also go to the team members who prepared the Annual Report.

Jagdishwor Ghimire
Acting Country Director
Ipas Nepal

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INTRODUCTION

Ipas Nepal works to enhance access to safe abortion and contraception so that every Nepali woman and girl can determine her own future. We are part of the global Ipas Impact Network to advance reproductive justice in Africa, Asia, Latin America, and North America. Ipas Nepal was established in 2002. Ipas Nepal currently works in four of Nepal’s seven provinces—Province 1, Gandaki, Lumbini, and Sudurpaschim—and surrounding communities, represented by 54 municipalities and 20 districts. Ipas Nepal supports to strengthen health-care facilities and capacitate health care providers to provide abortion and contraception and service providers who prevent and respond to gender-based violence (GBV).

commitment to abortion care among government, civil society, and community actors. Ipas Nepal has initiated working in the intersectionality of climate justice, gender and sexual and reproductive health and rights (SRHR). Ipas Nepal works closely with federal, provincial and local governments.

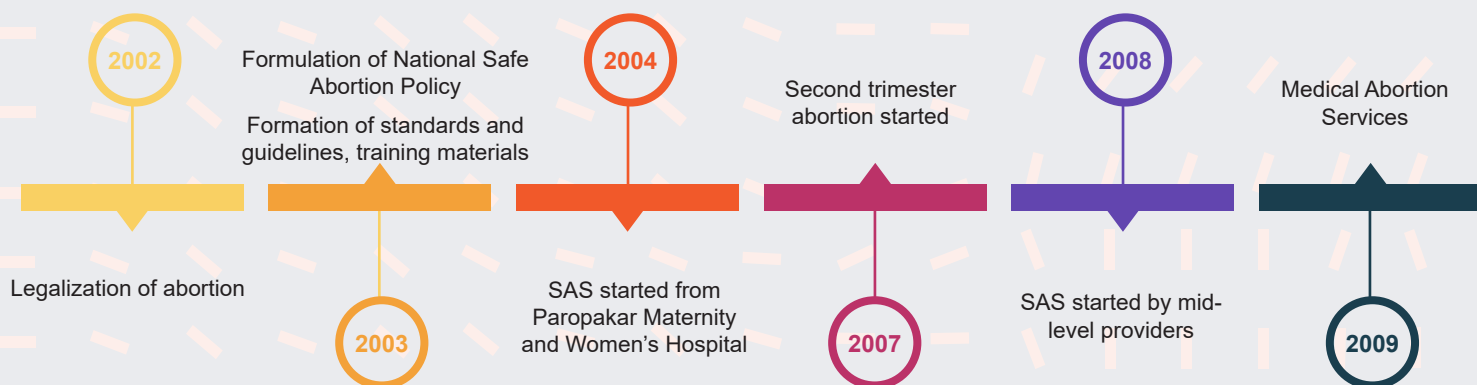
Ipas Nepal shared its contribution to the health system of Nepal and its annual work plan with the concerned government stakeholders to brief them on Ipas Nepal’s activities which have been conducted during the fiscal year 2022. Ipas Nepal’s presentation highlighted the contribution of Ipas Nepal to strengthening the health system, laws, and policy formation process, health facility operation and management committees (HFOMCs) for local governance, the capacity of natural leaders for agency building, the mobilization of female community health volunteers (FCHVs) for medical abortion (MA) self-care, women-led climate justice, sensitization meeting with parliamentarians, engagement with media and journalists for information dissemination and final sharing of Sayana Press, depot medroxy progesterone acetate sub-cutaneous (an injectable contraceptive), acceptability and feasibility study.



Ipas Nepal’s work shapes the abortion ecosystem—the context around an individual who seeks to end an unwanted pregnancy. A sustainable abortion ecosystem requires enduring social norm change around reproductive rights; the reduction of abortion stigma; a deep understanding of what individuals need and prefer in abortion care; available, acceptable, and affordable choices for abortion and contraceptive care; and shared



MILESTONES: 2002 TO 2022



POLICY AND ADVOCACY ON SAFE ABORTION SERVICES



Interaction program with NWC members on SRHR and SAS

Ipas Nepal provided technical assistance to the Ministry of Health and Population (MoHP) at the federal level that resulted in improved SRHR policies to increase access to abortion. This includes:

- ▶ Technical support to the Family Welfare Division (FWD) to review the existing gaps and areas of improvement in the Safe Motherhood and Reproductive Health Rights Act and decriminalization of abortion by removing the penal code. The draft is under review by the MOHP.
- ▶ Technical assistance for drafting and finalizing of Safe Abortion Management Guideline that includes the provision of telemedicine and MA self-care. This was approved by the MoHP.
- ▶ Ipas Nepal and its partners engaged with local government in co-creating program activities. This has resulted in an increased budget for safe abortion services in all 20 Ipas Nepal's intervention districts. This included a first-time allocation to procure Dilatation and Evacuation (D&E) equipment for second-trimester abortion procedures by FWD.

- ▶ Ipas Nepal supported FWD to revise the RMNCAH interim guideline where tele-abortion and home visit services during humanitarian crises are spelled out clearly. The revised interim guideline has been approved for endorsement by FWD.

Ipas Nepal, in collaboration with Forum for Women, Law and Development (FWLD) Nepal organized a one-day stakeholder workshop in Kathmandu on 'Integration of Safe Abortion Training in Obstetrics and Gynecology Curriculum'. An interaction on reproductive health and safe abortion right with National Women Commission (NWC) was carried out.

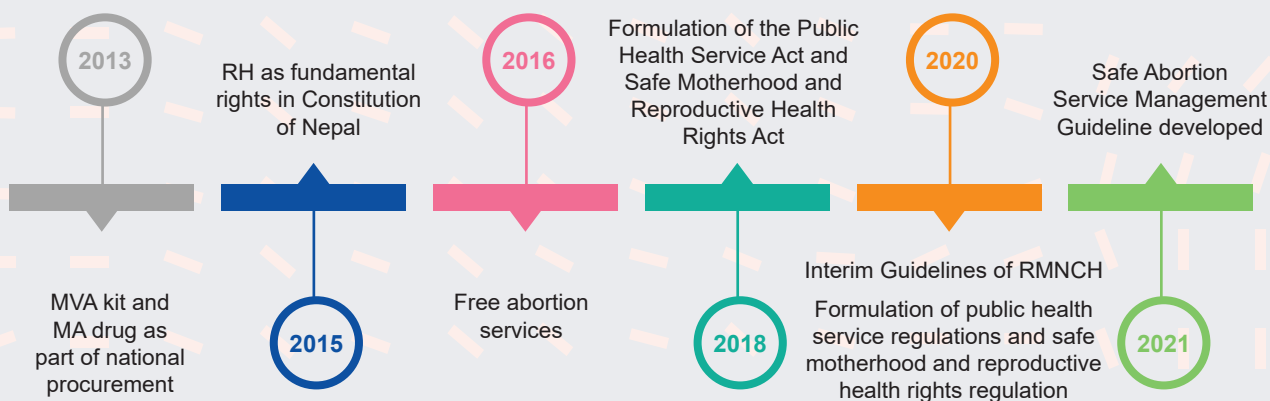
At the provincial level, Ipas Nepal engaged with Province 1 and Bagmati Provincial Health Training Center (PHTC) to develop and approve safe abortion service (SAS) training management guideline. The technical team also submitted the SAS training implementation guideline (draft) to Lumbini, Karnali and Gandaki PHTC for their review and approval.

Ipas Nepal engaged in policy support to 20 local governments (LGs). Four LGs approved their health policy where SAS is integrated. During the process, 22 rounds of interactions were carried out. Furthermore, 16 LGs drafted health policy with SAS components.

Knowledge dissemination at a national conference

Ipas Nepal participated in the 12th Nepal Society of Obstetrician and Gynecologist (NESOG) conference where Ipas Nepal sponsored two plenary sessions, one for FWD on the RMNCH interim guideline that

A Journey of Safe Abortion Program in Nepal



Orientation to elected female representative of LGs

highlighted the provisions of safe abortion services in pandemic/humanitarian crises and the other forum on Tele-abortion services: pilot implementation during the COVID-19 pandemic.

MA leaflet revised

Ipas Nepal worked with National Health Education Information and Communication Center (NHEICC), FWD and other partner organizations to amend and approve the MA leaflet. The amendment was made based on the feedback given by users. A list of Department of Drug Administration (DDA) approved MA drugs has been added to the leaflet. The leaflet included information on how to use MA drug by users.

Orientation to elected women representatives

A two-day orientation on SRHR and Gender Transformation to elected female representatives of LGs of Doti, Dadeldhura and Rolpa districts was conducted in 2021/22. The orientation was conducted by partner NGOs with technical support from Ipas Nepal. Altogether 56 elected women representatives were oriented on the issue of SRHR.

Strengthening HFOMCs and HMCs on SAS

Ipas Nepal worked closely with local governments in strengthening safe abortion services at health facilities. Ipas Nepal engaged with 1,099 HFOMC and Hospital Management Committee (HMC) members and health workers to ensure responsive SAS implementation at 69 HFOMCs and HMCs.

STRENGTHENING SAFE ABORTION SERVICES



Tele-abortion orientation to health care providers based on Interim Guidance for RMNCH services

Ipas Nepal has supported health facilities and health workers training to improve access, availability, quality and acceptability of SAS. Ipas Nepal has been supporting 101 health facilities. Out of 101 health facilities, 82 are the MA service points from 36 LGs of 14 districts in two provinces. These service sites are mainly at the community level where the service is provided by auxiliary nurse midwives (ANMs). Out of 101 facilities, 14 facilities spread over 11 districts are providing at and above 13 weeks abortion services (second trimester). Ipas Nepal trained 10 MD faculties on first trimester SAS from these medical colleges. These facilities are the referral facilities for abortion services beyond 10 weeks of gestation age and other complications. Out of 101 facilities, 19 health facilities were expanded where 17 health facilities were for MA service and two district hospitals for SAS service.

Ipas Nepal has been providing technical assistance to the NHTC to develop/update the learning resource package (LRP) for SAS training, for both the first and the second trimesters. Ipas Nepal introduced a blended learning approach to train the providers in the second trimester in collaboration with NHTC. Ipas Nepal provided technical assistance to update SAS indicators in HMIS 3.7 and include four client personal profile (first trimester, second trimester and PAC) in the system.

Ipas Nepal has provided technical support in strengthening training capacity of federal and provincial governments on SAS. Ipas Nepal supported in updating MA and SAS service providers (133). In FY 2021/22, Ipas Nepal supported to expand four new SA training sites (Karnali Province Hospital, Surkhet; Sishuwa Hospital, Kaski; Amda Hospital, Jhapa; and Bhaktapur Hospital).

Sustainability approach in SAS training

To address sustainability and the shortage of health-care providers, Ipas Nepal provided technical assistance to integrate SA training into the curriculum for obstetrician and gynecologist residency. The participants need not undergo separate abortion training after graduating as a specialist. This will relieve health facilities from staff shortages. Ipas Nepal is working with seven medical colleges under five universities and with the Medical Education Commission (MEC) to integrate SA training in the obstetrics and gynecology curriculum. Ipas Nepal developed the LRP for training residents in SA provision, and developing facilitators within the medical colleges to conduct the training in close collaboration with NHTC.

Ipas Nepal is working with seven medical colleges in pre-service education for MD resident for the first trimester abortion, out of which two medical colleges were added in FY '22. A total of 30 MD residents were trained in SAS from four medical colleges (KMC, GMC, BPKIHS and PMWH).

MA self-care through tele-abortion

MA self-care is one of the interventions that Ipas Nepal supported local governments within six LGs as envisioned in the RMNCH interim guideline in the COVID-19 context. In FY 2021/22, two more health facilities (Jukena Health Post (HP) and Bajura HP) have been expanded to provide tele-abortion after signing the memorandum of understanding (MOU) with two municipalities (Sitganga and Budhiganga). Prior to initiating the program, orientation to 63 health cadres (providers-3, health facility in-charges-5, FCHVs-55) was provided. Out of 63, 38 participants were followed up by telephone contact. A total of 109 service seekers received MA self-care provided by five health facilities.

A total of 25 pharmacists were oriented on MA self-care in two provinces at intervention palikas, certified MA drugs in the country and consequences of unsafe abortion. It is one of the ways to apply the harm reduction model in the community.

Engaging youths and adolescents

Ipas Nepal has trained youth and adolescents using the National Adolescent Sexual and Reproductive health (ASRH) package. Participants conducted sessions in their schools and communities after the training. A total of 191 adolescents and youth leaders were trained to challenge the norms around masculinity which work as barriers to women's SRHR. The youth engagement has resulted in participants reaching peers in schools

and in communities with messages about women's SRHR, including abortion rights. Ipas Nepal trained and engaged with 87 secondary level teachers and health workers to create a supportive and safe environment among young people for SRHR.

Engaging men and boys

Ipas Nepal engaged with 355 men and boys through gender-transformative approaches that address negative social norms, stigma and barriers to SRHR for both women and men. Ipas Nepal interventions include a two-day orientation that fosters awareness of the role men have in supporting women's access to abortion and decision-making about SRH services; advocate for better services and create an enabling environment supportive of SRHR and gender equality; and address the needs for SRH care.



Refresher orientation to men and boys

Engaging Civil Society for SRHR movement Engaging Journalists

To build support and destigmatize abortion, Ipas Nepal held a roundtable discussion with 12 media editors to encourage positive messaging around abortion. Ipas Nepal provided information about national laws and international agreements supporting abortion and discussed the role of media in presenting news from a human rights perspective.

A total of 178 journalists have been trained by adopting a toolkit developed by the Ipas Nepal from a gender transformative approach (GTA) lens. Journalists have published articles on safe abortion, SRHR and GBV from a gender transformative lens. Ipas Nepal partners are engaged with local radio stations that broadcast safe abortion messages. Messages are designed and aired in local language in Achham, Bajura, Doti, and Dadeldhura districts. In the Rolpa district, a radio drama was broadcast as part of raising awareness in the community.

A total of 21 radio stations aired radio jingle on SRHR. According to the radio stations, 966,806 people have been reached out with the SRHR messages in the program districts.

Orientation to Civil Society

Ipas Nepal engaged with the Reproductive Health Rights Working Group (RHRWG) advocating for the decriminalization of abortion to make Nepal Government responsive towards international commitments. A total of 201 policy makers, political leaders and civil society members, who came from across four provinces, were oriented on the provision of the Safe Motherhood and Reproductive Health Rights (SM&RHR) Act and Regulation. In addition, a total of 34 participants from NESOG and NWC were oriented on the SA program in Nepal and the importance of prioritizing SAS to service seekers as per their needs in the cases of rape and incest, especially during humanitarian crises like COVID-19 and floods.

Ipas Nepal developed and capacitated 40 champions to advocate for SRHR with the province and LGs. A total of 402 sessions, reaching out to 7,863 civil societies and governments have been conducted by the champions. This initiative has helped build sensitivity around SRHR issues as well as amplify Ipas Nepal's efforts towards the reduction of harmful practices/social norms and, thereby, stigma in their organizations, communities and stakeholders.

Orientation to multi-stakeholder in SAS linking to One-stop Crises Management Center

Considering the linkages between GBV and abortion services and associated complications to the service providers from multiple stakeholders (police, lawyers, chief district officers, managers, health service providers), Ipas Nepal felt a need for integrating women centric services at the One-stop Crises Management Center (OCMC). Two provincial level orientations (in Lumbini and Sudurpashchim) were conducted where 70 participants were engaged to discuss the roles and responsibilities of the provincial governments to ensure SA rights and services. They were oriented on the legal aspects of SAS and made clear that rape survivors should not mandatorily report to the police as it is not spelled out in the SM&RHR Act which delays seeking services. The event successfully raised awareness among other stakeholders connected to the OCMC about their roles in ensuring effective service delivery to the GBV survivors and SAS seekers.

COMMUNITY AT THE CENTER

Engaging and mobilizing the community in demand generation Female Community Health Volunteers

Ipas Nepal conducted 38 orientation programs for 435 FCHVs on SRHR and SAS in the FY 2021/22 through Ipas Nepal partner organizations. Ipas Nepal provided technical assistance to 21 LGs and health facilities to conduct orientations to FCHVs.

Samudayik Aguwa (Natural Leaders)

From the finding of the sustainable abortion ecosystem assessment, Ipas Nepal felt a dire need to work and strengthen the community, especially women and girls to secure their rights to SRH. On this backdrop, Ipas Nepal conceptualized the voluntary engagement of community woman and girls based on the principles of empowerment (agency, relations, and structures). These women and girls have been called “Natural Leaders” (NLs). Natural leaders are the right holders/representatives from marginalized communities who have been selected as volunteers based on their willingness for self-mobilization in the field of SRHR/safe abortion. Ipas Nepal built the capacity of 130 NLs, and , engaged and mobilized in communities of 8 districts to increase awareness and advocate for securing SRHR.



Power analysis tools use by community people at Chure-1, Sayal

The NLs have reached 36,718 women and girls through 2,256 reflective sessions challenging harmful social norms within households and communities through inter-generational dialogues and small doable actions of gender role transformation. Advocacy by participants led to an increase in funds for safe abortion in the Mellekh and Bannigadi Jayagadh rural municipalities. Ipas Nepal also provides platforms for natural leaders to connect with service providers and civil society leaders to identify gaps and challenges to abortion services and develop action plans.



Orientation on climate justice, gender and SRHR project to community people at Chure-1, Sayal

Community interface dialogue through community score card

Ipas Nepal has initiated a Community Score Card to promote social accountability, empowerment, and good governance on SRHR. This tool promotes accountability of service providers by enabling beneficiaries to provide feedback and rate the services that they received. The score card also improves the community’s understanding of services provided by the health system. This two-way process of communication and building trust supports the formulation, implementation, monitoring, and evaluation of action plans to address service gaps in SRHR and GBV programs.

Four community interface dialogues were conducted in program intervention LGs. A total of 240 participants were engaged in those interface dialogues. The interface dialogues were focused on studying the status of SRHR and safe abortion in the community. After the discussion, interaction meetings were held between health institutions and other stakeholders for further improvement of service delivery. In addition, Ipas Nepal team also held discussions with the local governments for the formulation of the action plan for additional budget allocation to improve health service delivery.

Building evidences

Ipas Nepal has been conducting research activities to build evidences for safe abortion programs. Establishing a baseline before starting activities and conducting endline to gauge the program performances are routine activities. Knowledge, attitude, practice and intentions (KAPI) endline and NLs’ self-mobilization study were carried out in 2021. Besides, Ipas Nepal has been conducting national level study to generate national level values on reproductive health and SAS to support MoHP.



Power map presenting by community people, Chure-1, Sayal

KAPI survey in Rolpa and Achham

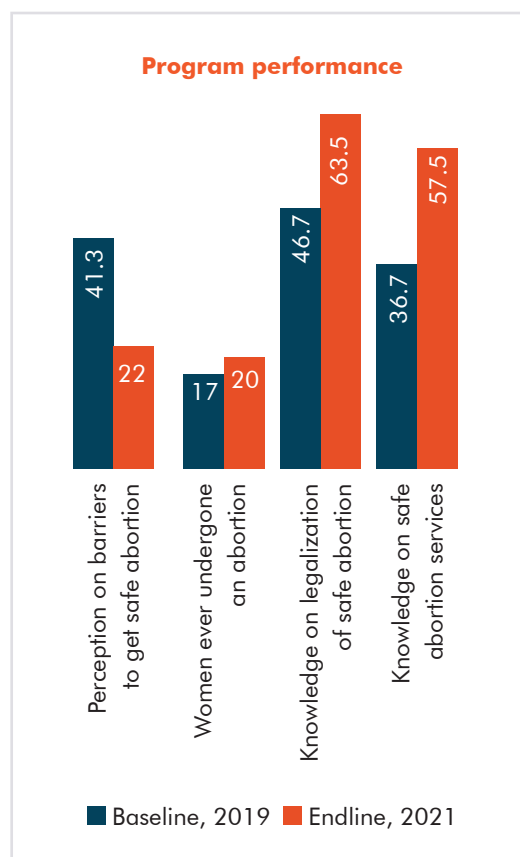
The KAPI endline survey was conducted in 2021 in Rolpa and Achham districts. A total of 569 women aged 15-49 were surveyed. Key findings from the baseline and endline study suggested that there was an improvement in KAPI after 2 years of program intervention.

Forced Field Analysis (FFA) and Social Norms Analysis Plot (SNAP)

Ipas Nepal supported community-based organizations (CBOs) in conducting participatory methods of evaluation of change in gender and social norms using the forced field analysis (FFA) and social norms analysis plot (SNAP) tools. Workshops were conducted to orient four CBOs on tools and to develop action plans. The CBOs carried out 13 FFA/SNAP in the program areas. The study showed that the thinking of local leaders and male members is more positive on abortion as compared to women and girls. The study found that women are unable to take abortion-related decisions independently as they are unable to go against their husband, family, and society.

Qualitative study of NLS' self-mobilization on SRHR

This qualitative study of NLS self-mobilization on SRHR was conducted in 2021. A total of 41 NLS were sampled for this study. The study findings concluded that NLS are acting as champions of change in SRHR. It seemed NLS are well recognized by communities and local governments. Furthermore, the five-friend approach



of social mobilization was found to be effective and have had multiplier effects. The study further found that relations between family members and between community members had strengthened because of NLS contribution to improving the situation of SRH.

ACHIEVEMENTS AND RESULTS OF STRENGTHENING SUSTAINABLE SAFE ABORTION ECOSYSTEM IN NEPAL FY 2021/22

POLICY, ADVOCACY AND GOVERNANCE

- ▶ Technical Assistance (TA) to revise SAS management guideline and RMNCAH interim guideline
- ▶ TA to develop SAS training management guideline to PHTC
- ▶ Supported 20 local governments to formulate policy on health, focusing SRHR
- ▶ A total of 201 policy makers, political leaders and civil society members were oriented on the provision of SM&RHR Act and Regulation
- ▶ 56 elected women representatives from local government were oriented on SRHR
- ▶ A total of 34 participants from NESOG, MIDSON and NWC were oriented on SAS
- ▶ Provided Technical assistance to update HMIS 3.7 and has been included four types of CPP in the system

HEALTH FACILITY AND HEALTH WORKERS

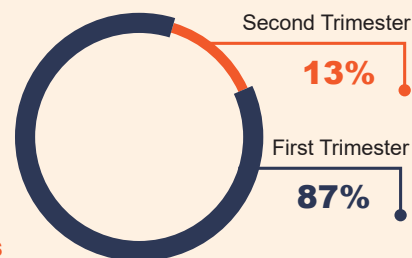
- ▶ 101 HFs supported, 80 are for MA, 14 facilities for 2nd trimester
- ▶ Supported seven medical colleges for pre-service education
- ▶ Fivew new training sites established for SAS
- ▶ 63 health cadres oriented (including FCHVs) on tele-abortion.
- ▶ 25 pharmacists oriented on MA self-care
- ▶ 133 providers were updated on first trimester SAS
- ▶ 62 providers were trained in first trimester SAS
- ▶ HFOMC of 69 health facilities oriented on SAS
- ▶ Established coordination between local and provincial governments to fill the capacity gap in LGs for high quality SAS.

COMMUNITY ENGAGEMENT

- ▶ 130 NLs capacitated on SRHR
- ▶ 435 FCHVs orientated on SRHR
- ▶ Four community interface dialogues conducted on SRHR and SAS
- ▶ 355 men and boys oriented on sRHR
- ▶ 191 youth leaders capacitated on SRHR
- ▶ A total of 402 sessions on SRHR have been conducted by civil society champions
- ▶ 178 journalists orientated on SRHR
- ▶ A roundtable discussion with 12 editors of newspapers conducted on SRHR

36,718

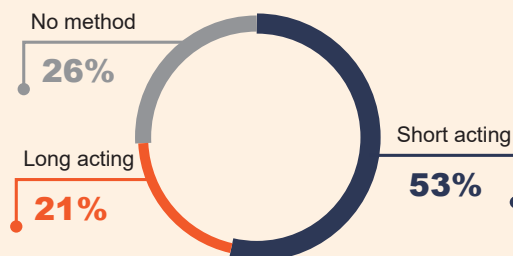
women and girls reached out in the community through NLs.



11,188

women received SAS

Women reached out in post abortion family planning



IMPACT OF OUR WORK

8,227

UNSAFE ABORTIONS AVERTED

16

MATERNAL DEATHS AVERTED

855

MATERNAL DALYS AVERTED (MORTALITY AND MORBIDITY)

WOMEN LED CLIMATE JUSTICE



Training on installation of improved cooking stove at Sayal Chure Rural Municipality-1 Dhangadhi under LAPA implementation

Nepal is one of the most climate change vulnerable countries. The climate impacts are more profound due to the country's mountainous topography and its abrupt ecological and climatic transitions, combined with a low level of development, reliance on natural resource-based livelihoods and embedded poverty. Among others, climate change directly impacts human health, such as through increased heat stress, and loss of life in floods and storms, or indirectly through alterations in the ranges of disease vectors such as mosquitoes, water-borne pathogens, and changes in the quality of water and air, as well as food availability and quality of food.

Little evidence is available on this intersection of climate change, gender, and sexual and reproductive health rights at the national level. There is a lack of information even in policies, guidelines, and other climate change and SRHR-related documents within this intersection. So, establishing evidences in understanding the linkage between climate change, gender and SRHR is one of the new areas in Nepal. Furthermore, the inclusion of gender justice and SRHR in climate-related documents

is challenging. The goal of this project is to support and capacitate local governments and community stakeholders on integrating gender and SRHR in climate change adaptation policies and plans through an intersectional approach to building climate resilient communities. Ipas Nepal has started lobbying and working to include gender justice and SRHR in climate-related documents, such as in Local Adaptation Plan of Action (LAPA).

Local Adaptation Plan of Action (LAPA) developed

In view of climate change and its adverse consequences which have globally emerged as a common challenge, the Government of Nepal has prioritized its response through policy instruments such as National Adaptation Plan (2021- 2050), Nepal Climate Change Policy – 2019, National Adaptation Program of Action (NAPA) – 2010, and national framework on Local Adaption Plan for Action (LAPA), 2019 (revised). In order to adapt and mitigate the impacts of climate change, the Nepal Climate Change policy has indicated the preparation



Natural Leaders conducting community session

and implementation of LAPA at the local level under the LAPA framework. LAPA is a participatory community-based approach which considers vulnerability, sensitivity and adaptive capacity to reduce the impacts of climate change. Out of eight thematic areas and four cross cutting areas, health and gender equity and social inclusion are also inbuilt.

Through the women-led climate justice project in Kailali, three LAPAs were prepared for Chure Rural Municipality and wards 15 and 17 of Dhangadhi Sub-metropolitan City, incorporating gender and sexual and reproductive health and right issues. In LAPA process, workshops at the local level with local governments, Community Forest Users Group (CFUG) and stakeholders were carried out to understand and identify the inter-relationship between climate change, gender and SRHR. Furthermore, five focus group discussions and Key Informant Interviews (KIIs) were carried out

for community level- vulnerability assessment. One municipal level and two ward level workshops were conducted on the formulation of LAPA.

Capacitate NLs and locals on climate justice, gender and SRHR

A total of 23 natural leaders were selected and trained on the general concepts of climate justice, gender and SRHR and how these three concepts intersect. In total, 582 local people have been capacitated on climate change, gender and SRHR. A total of 122 young men and women and adolescents were oriented on climate change, gender, and SRHR.

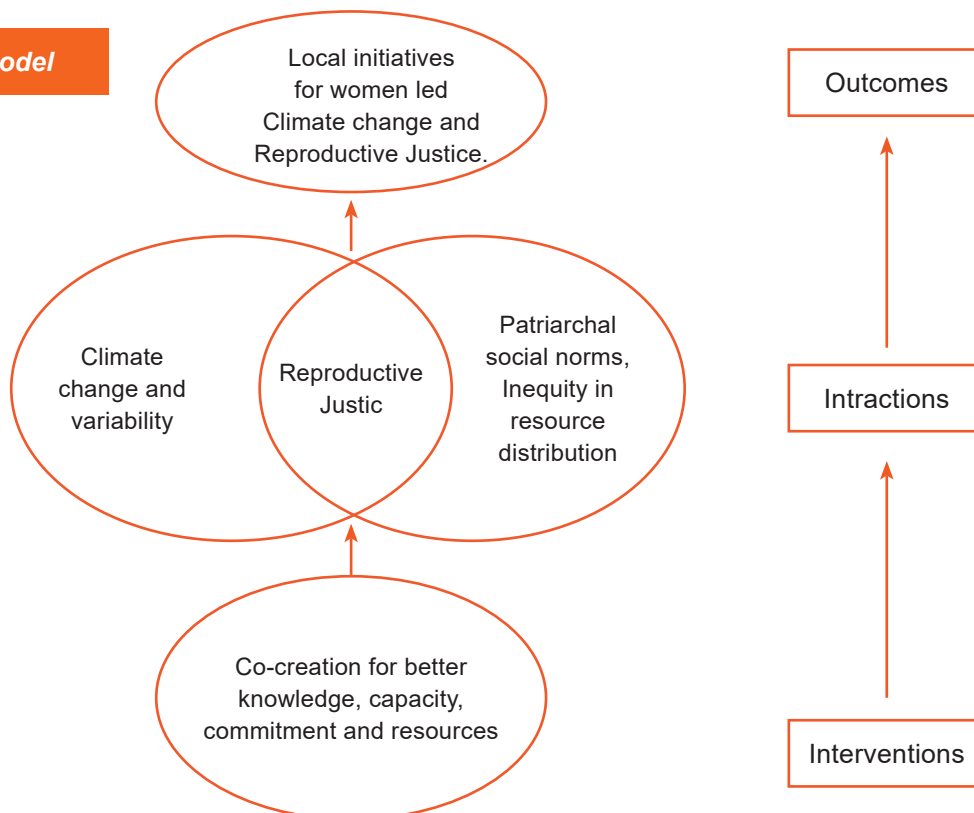
Humanitarian response

Ipas Nepal handed over materials worth 1.2 million rupees to the Department of Health Services (DOHS) to respond to COVID-19.



Humanitarian support during COVID-19

Co-creation Model



REDUCING GENDER BASED VIOLENCE (GBV)



Capacity strengthening of safe/shelter home staffs

Ipas Nepal and its partners are implementing activities to support the availability and quality of multi-sectoral responses that restore the dignity of gender-based violence survivors and improve their sense of self-efficacy and hopefulness (indicators of well-being). Capacity building of GBV service providers (health workers, legal professionals and the police) is also another intervention in the program. Capacity building activity focuses on the adoption and internalization of a gender transformative approach at each stage of the referral pathway, ensuring that survivors are treated with dignity and respect and are provided with encouragement and empathy. The activities under GBVPR II focuses on shelter support, providing high-quality health services for GBV survivors, training and deployment of psychosocial workers and strengthening and supporting multiple stakeholders. The program covers 19 LGs of Morang, Okhaldhunga, Udayapur, Kailali, Achham, Baitadi, Bajhang and Bajura districts.

Under the GBVPR II project, Ipas Nepal with its partners implemented the following activities:

i) Supporting shelter homes and safe houses for GBV survivors to provide quality services: District level safe houses/shelter homes are receiving technical assistance on managerial and operational aspects. Additionally, the staff at these shelter homes and safe houses have been provided training on GBV. The approach taken is survivor-centric.

ii) Providing high-quality health services for GBV survivors through One-stop Crisis Management Centers (OCMCs) and health facilities: Health service providers at OCMCs and peripheral health units are receiving health response training on GBV. The trainings take gender-transformative approach and survivor-centric

approach. Additionally, psychosocial counselors and case managers are capacitated and are providing psychosocial services at the OCMCs. Ipas Nepal provided technical support to management division of DOHS to improve recording and reporting system of GBV services at OCMCs.



Training of Health workers on health response to GBV

iii) Training and deploying psychosocial counsellors, including community based psychosocial workers (CPSWs) to provide psychosocial support and referral services: CPSWs are capacitated and they provide psychosocial first aid to survivors and their family. They raise awareness on GBV in the community and provide necessary referral to the case manager and psychosocial counsellors, who are based at the OCMC.

iv) Strengthening and supporting multiple stakeholders, including judicial committees' mediation centers to mediate GBV cases in a survivor-centric approach: Judicial committees and mediation committees are the representatives of the local government. They ensure that local coordination mechanisms and local referral mechanisms are put in place. Additionally, they are receiving multi-sectoral training along with the police, district court representatives on the survivor-centric approach.



Two-days group supervision with CPSWs

Achievements and Results of Gender Based Violence Prevention and Response (GBVPR) Program II 2021/22



SUPPORTED 7 SAFE HOUSES AND 2 SHELTER HOMES

Supported in making child-friendly spaces in safe houses/shelters.

1,078

GBV survivors received services



97.70%

survivors were satisfied with services (among 655 exit interviews).



4,477 GBV

survivors were referred by 115 CPSWs to multi-sector response services.



SUPPORTED 8 OCMCs. CAPACITATED 119 HEALTH WORKERS.

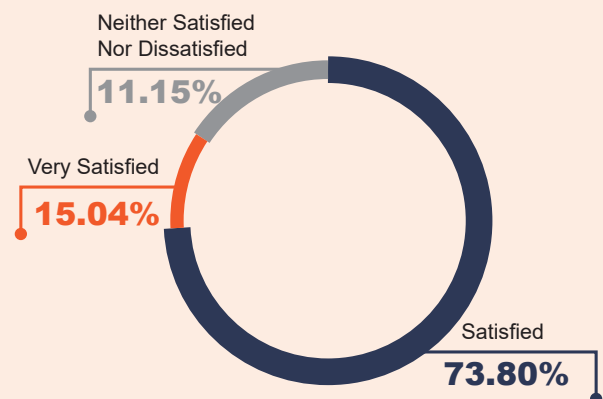
Supported in making child-friendly spaces in OCMC.

2,000

GBV survivors received services



88.84% survivors were satisfied with services (among 570 exit interviews).



NLS IN ACTION



Training on climate justice, gender and SRHR to youth, adolescent and community leader at Dhangadhi 15 & 17 ward



Workshop with Local Government, CFUG and stakeholders on climate justice and SRHR (design workshop) at Dhangadhi



Natural Leaders of Arghakhachi conducting community session



Mother's Group Orientation by Natural leaders on sexual and reproductive health and rights



Natural Leaders of Achham sensitizing communities on Safe Abortion

Our partners/collaborators

working with women



Program districts

