



# A ROAD TO RESILIENT HEALTH SYSTEM

## ANNUAL REPORT

July 2022- June 2023



Partners for  
Reproductive Justice



# Message from the Country Director



I am pleased to present Ipas Nepal's Annual Report for the fiscal year 2023. This report is a testament to our efforts in Nepal together with the Government of Nepal, our partners, civil society organizations, and women and girls from communities to achieve our vision for a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.

This year was an exciting year for Ipas Nepal for many reasons. We celebrated Ipas's 50th anniversary globally in 2023, and it's been 21 years of Ipas in Nepal, extending our technical support to the health system of Nepal. Ipas Nepal has extended its program in intersectional areas in addition to safe abortion and contraception. We successfully piloted a women-led **climate justice** initiative. Ipas Nepal provided technical assistance to develop and update the Local Adaptation Plan of Action (LAPA) in 10 local governments by identifying the **nexus among gender, SRHR, and climate change**. This initiative has supported the expansion of Ipas Nepal's work in strengthening climate resilient health system focusing on SRHR. Unclear, please rewrite for clarity. Ipas Nepal contributed to expanding gender-based violence prevention and response services in 8 districts of Koshi and Sudurpaschim province.

In FY 2023, 121 service providers received training on first and second-trimester abortion services in collaboration with Federal, Province, and Local governments. Equipment and instruments were handed over to 184 health facilities after an assessment of the health facilities' readiness for safe abortion, contraception, and other SRHR services. Over 70,000 women and girls were reached with SRHR, climate change, and preventing GBV messages. Ipas Nepal's support has resulted in the prevention of more than 5860 unsafe abortions in 2023. In FY 2023, Ipas Nepal conducted a National Safe Abortion Status Study 2022 together with the Family Welfare Division, DoHS, and MoHP, which has pinpointed the areas of further enhancement in the national abortion program. The study findings revealed that less than one-third of health facilities are providing induced abortion services, and more than half of the abortion services are still not legal even after two decades of legalization of abortion in Nepal. This demands more resources to ensure the availability of SRHR information and services in Nepal.

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 I expect more support in the days to come. I acknowledge the support received from our donors, without which we could not have made targeted interventions to advance SRHR information and services, to prevent and respond against GBV, and to reduce 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 the program at all levels. Similarly, I would like to thank Natural Leaders (Samudayik Aguwa), civil society organizations, SRHR champions and other community members for the great work done. I am equally thankful to my colleagues at Ipas Nepal for their tireless efforts and the wonderful results.

Thank you all for supporting us in the movement to enhance Reproductive justice for everyone, everywhere.

A handwritten signature in black ink, reading "Jhimire".

**Jagadishwor Ghimire**  
Country Director  
Ipas Nepal

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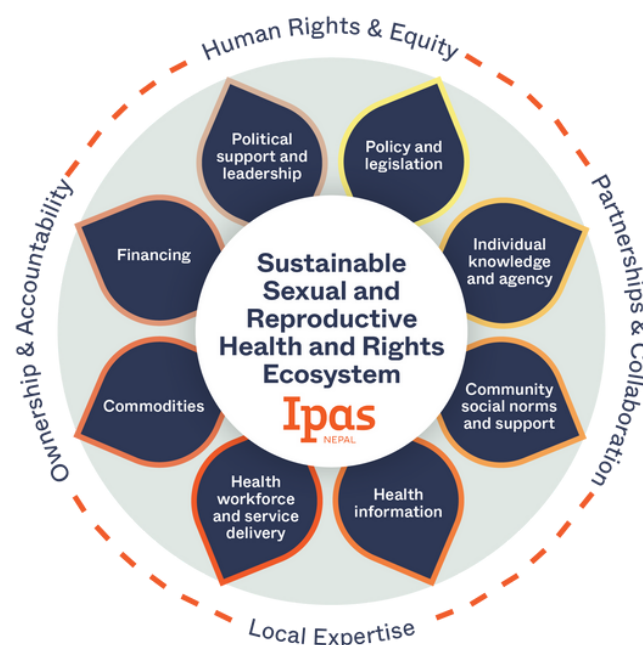
# BACKGROUND



Founded in 1973, Ipas is a pioneering global health and rights organization focused on advancing Sexual and Reproductive Health and Rights (SRHR) and expanding access to safe abortion and contraception. Established in 2002, 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, striving to advance reproductive justice in Africa, Asia, Latin America, and North America. Ipas Nepal has supported the government's efforts to expand access to safe abortion and contraception services in 57 districts across Nepal.

Our focus has always been to ensure a sustainable abortion ecosystem in Nepal, encompassing access to contraception as well as abortion. Our work has shaped the abortion ecosystem, addressing enduring social norm change around reproductive rights, reducing abortion stigma, understanding individual preferences in abortion care, ensuring available, acceptable, and affordable choices for abortion and contraceptive care, and fostering a shared commitment to abortion care among government, civil society, and community actors. Additionally, we have begun working extensively on intersectional issues critical to SRHR, such as climate justice, gender-based violence, adolescent and youth sexual and reproductive health, and humanitarian crises.

In the fiscal year 2022/23, Ipas Nepal supported the Ministry of Health and Population (MoHP) in expanding safe abortion and contraceptive services,



including post-abortion contraception, responding to Gender-Based Violence, reducing the impact of climate change on women and girls, and empowering adolescents for bodily autonomy and the right to sexual and reproductive health. This fiscal year, Ipas Nepal continued to strengthen the health system, laws, and policy formation process, conduct sensitization meetings with parliamentarians and health facility operation and management committees (HFOMCs) for local governance, enhance the capacity of Natural Leaders, mobilize them for SRHR information at the community level, mobilize female community health volunteers (FCHVs) for medical abortion (MA) self-care, engage with media and journalists for information dissemination, and generate evidence for progressive SRHR policy and programs.



# STRENGTHENING SAFE ABORTION & CONTRACEPTION SERVICES

## Strengthening Capacity of Health Workforce



### ➤ Capacity Building on 1st Trimester Safe Abortion Services (SAS)

Ipas Nepal provided technical support to the Family Welfare Division (FWD) to develop a Comprehensive National Clinical Mentoring Guideline for Safe Abortion Services (SAS). Following the development of the guideline, 23 SAS mid-level providers were trained as National Clinical Mentors in 15 districts by strengthening their skills in clinical mentoring, technical updates, balanced counseling for PAFP, and gender-based violence. The mentors are now in the pool of FWD to be mobilized for clinical skills and updates on SAS at the sub-national public health system. Similarly, SAS comprehensive training was also conducted for 115 healthcare providers, including Auxiliary Nurse Midwives (ANMs), staff nurses, and medical doctors from seven districts of Sudurpaschim, Koshi, and Lumbini provinces. A total of 54 M.A service providers from the health facilities were trained on Implant to provide Long-acting Reversible Contraception (LARC). The MA training broadened the reach of MA services to intervention districts. The health facility readiness was expanded to 29 additional health facilities to ensure the quality of the services.

To address the knowledge gap and update the recent changes for SAS providers who received the training in the past, Ipas Nepal organized clinical updates and refreshers for 228 providers. In addition, Ipas Nepal, in collaboration with FWD and the National Health Training Centre (NHTC), provided technical support to expand preservice first-trimester safe abortion (SAS) by developing the

trainers and for the continuation of preservice training for Obs & Gyn MD and MDGP students from nine medical colleges.

With technical assistance from Ipas Nepal, NHTC organized training on Second trimester (at or above 13 weeks safe abortion) abortion for the 6 providers based on the programmatic needs, enhanced the skills of service providers, and expanded safe abortion services to women and girls. As a continued medical education, annual review and update meetings are being conducted for the second-trimester abortion services providers.

## Strengthening Health Facility Readiness and Service Delivery

Ipas Nepal conducted a total of 109 Client-Oriented Providers Efficiency (COPE) meetings. The COPE meetings are organized with the participation of the service providers, health facility in-charge and Health Facility Operation and Management Committee (HFOMC) members, and local government representatives. Out of 109 COPE meetings, 29 meetings were conducted in health facilities where MA services have expanded recently. The meeting assessed and reassessed the readiness of health facilities to provide quality, safe abortion services using co-creation approach. Some of the key gaps highlighted from the COPE meetings were access to comprehensive information on SAS (citizen charter), inadequate number of Long-acting Reversible Contraception (LARC) providers, availability of IEC materials (E.g counseling flip charts), and limited availability of all five contraceptive methods.



### ➤ Safe Abortion Service (SAS) Training to Health Care Provider



Ipas Nepal continued MA Self-Care, providing tele-abortion services and MA services using the combipack for MA drugs in five palikas in response to the COVID-19 pandemic, reaching 272 women. A joint review and reflection workshop was organized with FWD and NHTC to explore the potential opportunities in scale-up services. Ipas Nepal is continuously advocating for the expansion of tele-abortion services as part of MA self-care with the government and partners.

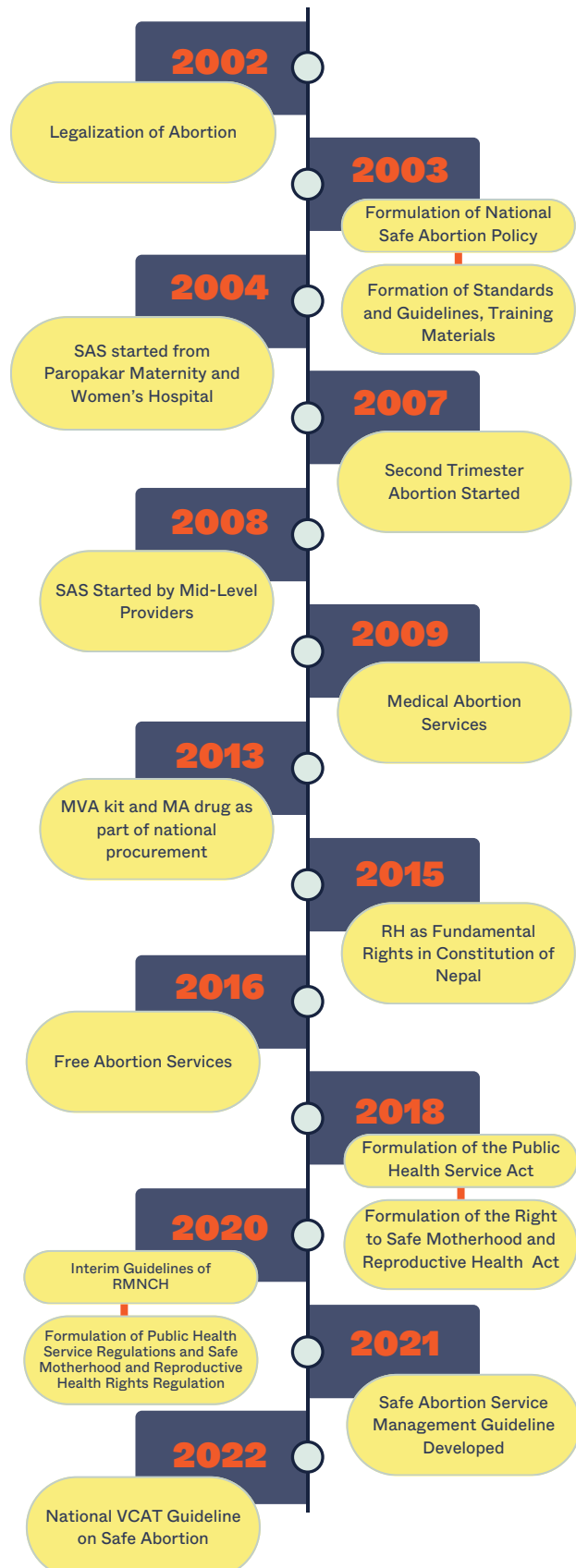
Ipas Nepal has a longstanding history of conducting Value Clarification and Action for Transformation (VCAT) workshops based on the Ipas network guidelines. Recognizing the importance of localizing these efforts, Ipas Nepal provided technical support to the Family Welfare Division to draft the National VCAT Guideline. It has been approved by the Director General of the Department of Health Services (DoHS), MoHP. Ipas Nepal extended the technical support to conduct Training of Trainers (TOT) for 34 participants, including directors from the Provincial Health Directorate and the focal person from seven provinces, including three from International / Non-Governmental Organizations (I/ NGOs). Furthermore, a consultative meeting was held with the Provincial Health Training Centers (PHTC) and NHTC to shift the health training management responsibilities to the sub-national public health system. This collaborative approach addressed various challenges and paved the way for future improvements in training and expansion of services in the health facilities.

Ipas Nepal provided essential equipment and supplies to 184 health facilities, comprising 142 Health Posts and 42 hospitals, based on the service readiness assessment investing NRs.—19.6 million to enhance the quality of MA, first-trimester, and second-trimester safe abortion services.



➤ Review and Reflection on Tele-Abortion (MA Self Care)

## A Journey of Safe Abortion Program in Nepal





# POLICY AND ADVOCACY ON SAFE ABORTION

## Engagement for Political Support and Leadership



### Collaboration With MDSON/ Advocate

Ipas Nepal hosted a meeting with the stakeholders together with the Family Welfare Division to discuss the impact of safe abortion services in reducing the Maternal Mortality Rate (MMR) due to unsafe abortion from 7% to 5%. The meeting acknowledged the contribution of the expansion of SAS in the reduction of MMR and suggested that all levels of government further expand evidence-based innovation around SAS delivery, especially focusing on marginalized and hard-to-reach areas. It has also been suggested to strengthen contraception services to reduce unwanted pregnancies and promote health literacy among adolescents and youth.

## Advocacy for SRHR Policy Formulation and Implementation



### Action Plan Development Policy Discourse

Ipas Nepal organized a series of discussions, meetings, and orientations for multi-sector stakeholders. Honorary Supreme Court Justice Sapana Pradhan Malla highlighted Reproductive Health Rights and the existing principles within the Safe Motherhood and Reproductive Health (SMRH) Act and Supreme Court decisions and the areas for improvement in the current legal framework with judges, lawyers, police, and other senior officials from the sector at the federal level.

Ipas Nepal worked with National Women Commission and Reproductive Health and Rights Working Group (RHRWG) members. Collaborative meetings on celebrating safe abortion day and 16 days of activism against gender-based violence and the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) reporting. Ipas Nepal and implementing partners organized the orientation of 1,784 elected members at federal, provincial, and local government on the provisions of the SMRH act and regulations and the role of the elected members in implementing the policy provisions on safe abortion and contraception. During these orientations, VCAT sessions were conducted to debunk the existing social norms and their own beliefs on abortion. Ipas Nepal and its implementing partners provided technical support in formulating health policies/strategies, including SRHR, to 22 local governments, out of which 11 Local Governments have already endorsed the policies.

Gender-based violence (GBV) survivors are facing challenges in up taking SRHR services, especially safe abortion services, due to differences in understanding regarding service provision among the multisectoral providers (health, legal, police, etc.). A bottleneck analysis was conducted with the participation of One-stop Crisis Management Centre (OCMC) focal persons, legal professionals, government representatives, the police, and media personnel. The participants in the event also discussed the importance of prioritizing safe abortion services in cases of rape, incest, and minors.





# COMMUNITY ENGAGEMENT

## Identifying Community Social Norms and Barriers regarding Safe Abortion



➤ Natural Leader Conducting Community Session on Safe Abortion Services, Achham

To identify the harmful social norms and barriers at the community, household, and individual levels, Ipas Nepal has conducted a participatory assessment using Force Field Analysis (FFA) and Social Norms Analysis Plot (SNAP) tools. The findings from these assessments helped us to design tailored approaches to addressing such norms and barriers. In the current fiscal year, seven assessments were conducted with the participation of 182 community members to assess prevailing social norms and factors impacting the accessibility of safe abortion and contraception services. Following the assessment, user-centric design sessions were organized with the participation of women and girls, adolescents and men and boys to develop the Information, Education, and Communication (IEC) and Behavior Change Communications (BCC) materials for community sessions and advocacy.

## Building the Agency of Women and Girls

Natural Leaders, who are self-mobilized women and girls of reproductive age 15-49 years from marginalized communities, have been supporting the advancement of the Sustainable Abortion Ecosystem approach and promoting sexual and reproductive health and rights (SRHR) in communities since 2021. This fiscal year, 133 Natural Leaders conducted 3,185 community sessions, reaching 44,977 individuals, focusing on SRHR, including safe abortion, gender-based violence, and climate-induced SRHR impacts in 22 rural/municipalities. The Natural Leaders successfully engaged with local governments, resulting in 11 out of 22 endorsing health policies and securing budget allocations totaling NRs. 8,410,000.

To document, reflect, and share the learnings, impacts, challenges, and way forward, Ipas Nepal conducted a two-day Natural Leaders Conference in December 2022, bringing together provincial government representatives, local government representatives, health care providers, media personnel, and Natural Leaders. Ipas Nepal has established an NL sustainability fund that allocates NRs. 10,000 per Natural Leader, which serves as a financial resource for Natural Leaders to continue community sessions beyond the project period in outgoing rural/municipalities, ensuring contribution from local government and making them accountable to mobilize the resources. Apart from the Natural Leader Sustainability Fund, collaborative efforts with local elected women representatives and municipal representatives have created a support network dedicated to the Natural Leaders' longevity.

To ensure accessibility of accurate information on safe abortion services, contraception, SRHR, and the impact of climate change in the communities, Ipas Nepal conducted training of 344 Female Community Health Volunteers (FCHVs) across 10\* districts in the fiscal year 2022/23. This initiative led to increased referrals, ensuring timely and quality SRH care to women and girls, as FCHVs are important sources of information to disseminate information on SRHR and existing legal provisions and services for safe abortion in the community. Ipas Nepal has developed an Advocacy Toolkit to advocate safe abortion and SRHR issues with CSOs (NGOs, SRHR champions, media, etc.).



➤ Natural Leaders Conducting Awareness Session on Safe Abortion Services (SAS)

\* Arghakhanchi, Palpa, Rolpa, Kailali, Doti, Dadeldhura, Achham, Bajura, Sankhuwasabha, and Terathum.



## Engaging with Inter-Party Women Alliance and Community Champions

In the current fiscal year, 187 CSO members and 207 Inter-Party Women's Alliance (IPWA) members received advocacy tools training and developed SRHR action plans. Follow-up sessions involved 206 members integrating SRHR and Safe Abortion Services into annual plans. Champions in seven districts engaged communities, reaching over three thousand people, reaffirming commitment in a reflective meeting. A "Board Members Sharing Meeting" with 136 participants enhanced understanding, involvement, and ownership of program sustainability.

Ipas Nepal's collaborative efforts with the IPWA and Community Champions focus on widespread training, advocacy, and community engagement for a supportive, safe abortion program environment.

## Engaging Adolescents and Youths, and Men and Boys



➤ Adolescents Participating in Fertility Dance, ASRH Training, Doti

The three-day training was organized on SRHR, gender, and climate change for 102 adolescent champions who conducted school and out-of-school community sessions to reach more than 600 individuals with SRHR messaging focusing on adolescents and youths. They also challenged harmful social and cultural practices such as child marriage, GBV, chhaupadi (women kept in cowshed during menstruation), etc. Furthermore, refresher orientation was conducted for 78 previously trained adolescents on SRHR, gender, and climate change.

As part of engaging men and boys for SRHR and building a strong social system and alliance for women and girls, Ipas Nepal trained 51 men and boys in 5 districts\*. These men and boys are working closely with Natural Leaders to conduct community sessions and support them in their initiatives at the community level.

\*Achham, Doti, Bajura, Rolpa, and Arghakhanchi



➤ Group Presentation During Natural Leader's Conference

## Community Health Score Board for Social Accountability

Ipas Nepal is working closely with the local government to increase access to quality SRHR services. To promote social accountability and sustain the program initiatives, in 2023, Ipas Nepal organized 19 Community Health Score Board (CHSB), bringing together the service users and providers through interface dialogue in Sankhuwasawa, Arghakhanchi, Palpa, Rolpa, Kailali, Dadeldhura, Doti, Achham, and Bajura districts. The CHSB facilitated collaboration between service users, service providers, and policymakers to enhance SRHR, including SAS and contraception.

Participants assigned scores, set targets, and developed action plans, fostering locally relevant solutions and aligning public services with rights holders' demand for uninterrupted sexual and reproductive health services. Follow-up sessions assessed achievements and generated further action plans, cultivating ownership and accountability. Thabang Rural Municipality, Rolpa demonstrated success by expanding service sites and formulating Health Policies after the CHSB. In other health facilities, the effort has been showcased to regularize the quality of SRH services.



➤ CHSB at Shitganga Municipality, Arghakhanchi



# ACHIEVEMENTS AND RESULTS OF STRENGTHENING SUSTAINABLE SAFE ABORTION ECOSYSTEM IN NEPAL

## STRENGTHENING SAFE ABORTION AND CONTRACEPTION SERVICES

<b>184</b>	HF's supported with essential equipments
<b>6</b>	Providers trained on 13+ weeks SAS
<b>23</b>	SAS mid-level providers capacitated for clinical mentors
<b>115</b>	Providers trained for first trimester SAS
<b>54</b>	Health workers trained on Implant
<b>29</b>	Additional HF's expanded for MA
<b>228</b>	SAS providers capacitated by refresher training
<b>11</b>	Faculties trained for six Medical Colleges
<b>34</b>	Government officials provided VCAT ToT

## POLICY AND ADVOCACY ON SAFE ABORTION

<b>1,125</b>	Local Elected Representatives engaged
<b>1,256</b>	HFMOC members engaged through 109 COPE
<b>6</b>	Multi-stakeholder interaction involving 303 participants
<b>21</b>	Lawyers engaged in policy dialogue
<b>659</b>	Local government representatives engaged in 17 policy dialogue
<b>73</b>	Media professional engaged in Roundtable Discussions

## COMMUNITY ENGAGEMENT

<b>152</b>	NLs Capacitated/ Refreshed SRHR
<b>3,185</b>	Community Session Conducted by NLs
<b>44,977</b>	Women and adolescents Reached
<b>146</b>	SRHR Action groups established
<b>344</b>	FCHVs oriented on SRHR
<b>19</b>	Community Interface Dialogue
<b>51</b>	Men and Boys Oriented
<b>209</b>	Adolescents trained on SRHR and
<b>78</b>	Refreshed
<b>187</b>	CSOs and
<b>207</b>	IPWA members capacitated

### ACHIEVEMENTS

<b>70,000+</b>	Women and Girls Reached
<b>8,508</b>	Women received Safe Abortion Services (SAS)
<b>1,666</b>	Women received Post Abortion Care (PAC)
<b>6,668</b>	Women received Post Abortion Family Planning (PAFP)

### IMPACTS

<b>5871</b>	<b>12</b>	<b>610</b>
Unsafe Abortions Averted	Maternal Deaths Averted	Maternal DALYs Averted

# WOMEN-LED CLIMATE JUSTICE AND RESILIENT HEALTH SYSTEM

## Integrating Gender, SRHR and Climate Change



➤ *LAPA Workshop at Sitganga-6, Argakhanchi*

Ipas Nepal has been collaborating with local government, community-based organizations, and community members to integrate gender, SRHR, and climate change in local plans and policies. For this, Ipas Nepal provided technical support to prepare a Local Adaptation Plan of Action (LAPA) in seven rural/municipalities, taking into consideration the findings from the Force Field Analysis and Social Norms Analysis Plot (FFA and SNAP) and through rigorous consultation among the stakeholders. These LAPA have integrated broader gender and SRHR components based on the findings from assessment and consultations, which were initially missing in the existing LAPA. The revised/developed LAPA has been endorsed by seven local governments, integrating gender and SRHR considerations.

Extending its impact, the three local governments implemented the LAPA and spanned sectors like agriculture, food security, climate resilience, disaster management, health, sanitation, and capacity enhancement. By fostering the initiative, the project sought to cultivate resilient, inclusive, and enhanced communities dealing with climate change adversities, all while establishing a climate-resilient health system, championing gender equality, and safeguarding reproductive health and the rights of climate-affected women and girls.



## Strengthening Community Capacity and Safety Nets

To enhance the capacity of women and girls to absorb shocks and stressors due to climate change, women and girls, men and boys from climate-vulnerable communities are capacitated in Kailali, Arghakhanchi, Doti, Dadeldhura, Bajura, Accham, Rolpa, Palpa districts. The participants underwent comprehensive training covering climate change, gender, social norms, gender-based violence, women's fundamental rights, and SRHR, including SAS and contraception. This has ensured community preparedness to identify climate change vulnerabilities and timely response to the effect of the climate crisis on the lives of women and girls with collective and participatory engagement. Furthermore, Ipas Nepal supported rescue materials for vulnerable communities in the Kailali and Arghakhanchi districts to respond to disasters identified by the local community.



➤ *Simulation Practice Conducted During Training on Community Based Emergency Response Teams to the 17 Women of Ward 15 and 17 of Dhangadi Sub Metropolitan City.*



➤ *LAPA Workshop Kamal Bajar Municipality, Achham*



# GENDER-BASED VIOLENCE

## PREVENTION AND RESPONSE

### Technical Assistance in Operation and Management of Safe House and Shelter Homes



➤ Capacity Building of GBV Survivors at Safe House, Bajhang

Ipas Nepal supported two shelter homes and seven safe houses to provide quality services together with the local government, partners, and community-based organizations for GBV survivors. For the reintegration of survivors into their communities, in total, 63 GBV survivors are provided with life skills and livelihood training with seed money. To enhance the quality of services and its operation, child-friendly spaces were established for the children accompanying the survivors and the child survivors. Further, 43 safe house and shelter staff received training on gender transformative service delivery and efficient operation of safe houses/shelters for survivor-centric services. Thirty-three female staff received refreshers on the Gender Transformative Approach (GTA) and shelter management. A total of 1055 GBV survivors, mostly women, received services from safe houses and shelters.

### Quality Health Services for GBV Survivors

Ipas Nepal provided technical support for high-quality health services for GBV survivors through eight OCMCs and 111 health posts. This involved supporting hospital management committees in enhancing OCMC management and ensuring high service quality. Additionally, capacity-building initiatives are conducted for health workers, including FCHVs at health posts, to excel in identifying, providing first-level counseling, and facilitating referrals for survivor-centered services. Key stakeholders were empowered to utilize advanced data management systems effectively across all Shelter homes and OCMCs. A total of 2,532 GBV survivors received services from eight OCMCs.



➤ Psychosocial Counselor Counseling GBV Survivor at Safe House, Bajhang

### Capacity Strengthening of GBV Response Service Providers

10 days of basic psychosocial training was provided to psychosocial workers, including community-based psychosocial workers (CPSWs) deployed at the community level. Counselors and case managers are deployed at each OCMC. This also involves supporting the local government in hiring the CPSWs and their mobilization at the community/ward level, providing psychosocial first aid support to GBV survivors, referral, follow-up, and other services as required. As a result, more than 117,666 people were reached through CPSW awareness-raising campaigns and household visits. Furthermore, 4163 GBV survivors were referred by CPSWs to multi-sectoral response services.

In total, 282 multi-sectoral GBV service providers (including judicial committee members and community mediators) were trained on the UN ESP, coordination protocol, referral mechanisms, GBV case management, and gender transformative approach. In total, 845 FCHVs were oriented and followed by periodic mentoring on GBV survivor identification and referral.



➤ Demonstrating Collection of Vaginal Swabs for Forensic Services to Health Service Providers During Health Response to GBV Training



They also received knowledge and skills in first-level counseling for survivors and GBV awareness raising. Likewise, 188 elected local representatives were oriented on the effective use of the GBV elimination fund, coordination of GBV response services at the local level, and referral mechanisms.

This year, 12 health service providers were trained to facilitate training (ToT) in health response to GBV through gender transformative and survivor-centered service delivery. A total of 264 health providers received training on health response to GBV through blended learning training (BLT), and 57 received on-the-job training (OJT). During client exit interviews, we found that almost all survivors, 98.98%, were satisfied with the quality of services that they received from safe houses and shelter homes, and 90.97% were satisfied with the quality of services they received from OCMCs.



➤ Competency Based Training on Health Response to Gender-Based Violence



➤ Technical Assistance in Operation and Management of Safe House and Shelter Homes With Child Friendly Spaces



➤ Discussion on Case Management in OCMC, Achham

## CROSS-CUTTING INITIATIVES

### Fostering Collaborations and Enhancing Program's Effectiveness

In the overall project framework, 20 joint monitoring visits occurred, involving collaboration between local and community stakeholders to assess and monitor project activities. These visits identified areas for improvement, leading to the formulation of action plans. Collaboration was further strengthened through Central Project Advisory Community/ Local Level Project Advisory Committee (CPAC/LPAC) meetings, where project progress was shared and feedback was actively sought from federal-level and local-level stakeholders, enhancing the overall impact of the initiatives. At the province level, project steering committee meetings are regularly conducted to engage and strengthen program planning and implementation initiatives. Apart from this, Ipas Nepal conducted its routine data quality Assessment and joint monitoring visits to ensure the quality of data (data verification, system assessment, and recommendation) throughout the project.



➤ Community-level RDQA at Madi Rural Municipality, Rolpa



# ACHIEVEMENT AND RESULTS OF GBVPR II PROJECT

## SAFE HOUSE/ SHELTER HOME

 **7** Safe Houses

 **2** Shelter Homes

**43** Safe House/ Shelter Home staff supported on gender transformative service delivery



**33** Staff received a refresher on GTA and shelter management

**282** Multi-sectoral GBV service providers trained



**188**  
Elected  
Representatives  
Oriented

### ACHIEVEMENTS



**1,055**

GBV Survivors Received Services

 **9**  
MALES

 **1046**  
FEMALES



Survivors were satisfied with services from safe houses and shelter homes



**55** GBV survivors received livelihood/vocational training.



**4,163**

GBV survivors referred by 115 CPSWS to multi-sector response services

 **1225**  
MALES

 **2921**  
FEMALES



**1,17,666**

Community people reached through CPSW awareness campaigns

 **26,746**  
MALES

 **90,920**  
FEMALES

## OCMC



Supported  
**8**  
OCMCs

**3**

OCMCs  
Established  
child-  
friendly  
spaces

**12**

ToT on health  
response to GBV  
and GTA to health  
workers

**57**

Health workers  
capacitated  
through OJT on  
health response  
to GBV

**264**

Health Workers  
Capacitated health  
workers through Blended  
Learning Training (BLT) on  
Health Response to GBV



Capacitated  
**845**  
FCHVs




**331**  
FCHVs  
Received Onsite  
Coaching

### ACHIEVEMENTS

**2,532**

GBV Survivors Received Services

 **170**  
MALES

 **2362**  
FEMALES



Survivors were satisfied with services from OCMC

# COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

## Knowledge Sharing and Dissemination event



### Knowledge Sharing and Dissemination Symposium

On 2nd May 2023, Ipas Nepal organized the Knowledge Sharing and Dissemination Symposium, which 77 participants attended. The symposium was graced by the Secretary and Additional Secretary from the Ministry of Health and Population, the Director General from the Department of Health Services, the Member Secretary from the Social Welfare Council, the Nepal Health Research Council, and representatives from the Family Welfare Division, I/NGOs, and CSOs. The program was chaired by Dr. Bibek Kumar Lal, Director of the Family Welfare Division.

In the program, Mr. Jagadishwor Ghimire, Country Director at Ipas Nepal, shared the 20 years of Ipas Nepal's journey. A total of four research papers were also presented on safe abortion and women-led climate justice.

At the event, Ipas Nepal also celebrated Ipas's 50-year anniversary with the participants and shared the impact of Ipas Nepal's 20 years of work and published resources.



### Participants During Knowledge Sharing and Dissemination

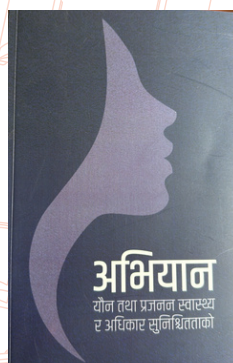
## Project Documentation and Learnings

Ipas Nepal is documenting the process of project/program implementation, its impact, and the experience of beneficiaries engaging with Ipas Nepal through a video documentary. In 2023, Ipas Nepal initiated the development of eight video documentaries on its thematic area to visualize the issue, program activities, and the impact of Ipas Nepal's work. You can find the videos and learn more about our thematic issues on our official YouTube Channel.

## Engagement With Media Professionals

In the current fiscal year, Ipas Nepal has collaborated actively with media outlets and journalists to enhance their awareness of Sexual and Reproductive Health and Rights (SRHR), particularly safe abortion. Initiatives include radio jingles across 26 FM stations, reaching around two million people. Partnering with Sancharika Samuha, Ipas trained 114 women journalists, leading to 20 fellowships and an SRHR-related community story compilation titled "Abhiyaan." Additionally, 35 articles on Safe Abortion and SRHR were authored by women journalists from various districts.

Ipas Nepal organized three roundtable discussions in three districts with 73 media professionals, including editors, sub-editors, desk editors, and reporters. These discussions raised awareness about the importance of using appropriate language, visuals, and news titles to avoid perpetuating societal stigmas against safe abortion rights and services. This media engagement and interaction has significantly contributed to spreading awareness, positive messaging, increasing visibility, and advancing SRHR advocacy efforts.

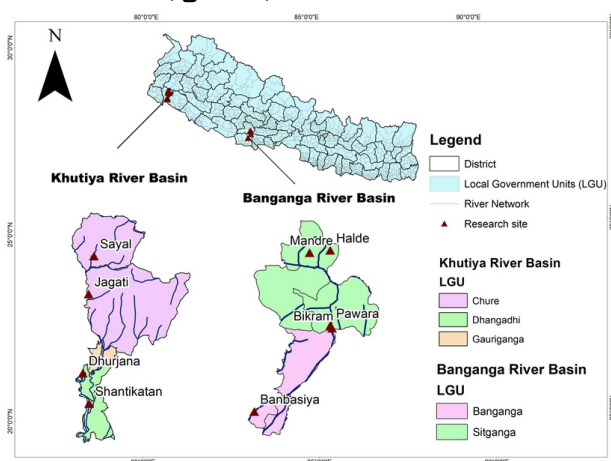




# RESEARCH AND EVIDENCES

## Understanding Linkages Between Climate Change, Gender Justice, and SRHR

A study was conducted in two river basins (Banganga and Khutiya) to understand the connections between climate change, gender, and SRHR. The study was designed using a co-creation model to explore the connections in the study areas. A total of 384 women were selected by systematic random sampling and interviewed. Further, 24 key informants' interviews and 12 focus group discussions with women were carried out. The survey findings established the linkages between climate events, gender, and SRHR.



**Khutiya and Banganga River Basin**

## Understanding the Knowledge, Attitude, Practice and Intentions of Abortions and Social Norms

Both community and policy KAPI surveys were conducted in project areas. A total of 715 women of reproductive age were interviewed for community KAPI, 20 policymakers for policy KAPI, and 28 key stakeholders were interviewed for qualitative information. The KAPI among policymakers was very high, which was 97 percent. The level of stigma among women in project areas was less than the national level (41.1 vs 46.5 on a score of 90), which is evidence of Ipas Nepal program efforts.

## Access to Safe Abortion Services in Nepal

A total of 2286 WRA, 767 HFs, and 228 key informants were surveyed and interviewed for a national-level SAS study. The survey highlighted the roadmap of SAS for the last four decades, assessed the service readiness for abortion in HFs, and estimated the abortion and unintended pregnancy rate and underlying causes of unsafe abortion.

The survey showed that 29 percent of health facilities provided induced abortion services. Furthermore, 92 percent of HFs offered medical abortion among HFs who provide induced abortion services. The survey estimated that 52 percent of abortions in the country were deemed illegal. Nearly two-fifths (39%) of pregnancies were terminated through induced abortion. The abortion rate in Nepal was estimated to be 41 per 1000 WRA. Among all pregnancies, only 39 percent were planned births, and 53 percent were unintended. Out of the unintended pregnancies, 73 percent were resolved through induced abortion. More than two-fifths (42%) percent of WRA were aware of the legality of abortion, with a higher level of education being associated with increased knowledge. The mean stigma score was 46.5 among 90, showing the average level of abortion stigma in the country.



For detailed resources such as Brief papers, IEC Materials, Newsletters, and Technical Guidelines.

Please visit: <https://nepal.ipas.org/resources/>

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