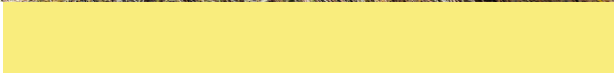




# Strengthening Climate Resilient Sexual and Reproductive Health and Rights Ecosystem in Nepal

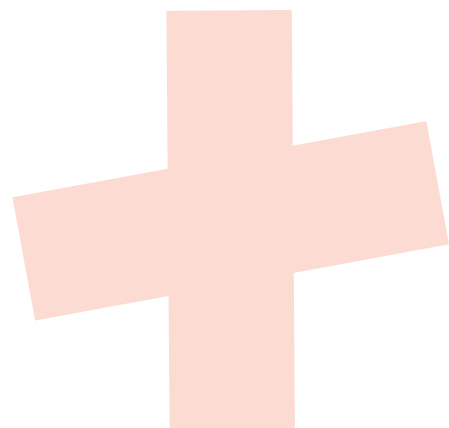


## ANNUAL REPORT

2023/2024

July-June

**Ipas** Partners for  
NEPAL Reproductive Justice





## Message from the Country Director

I am honored to present Ipas Nepal's FY 2024 Annual Progress Report. This report highlights the collective achievements of Ipas Nepal in collaboration with the Government of Nepal, our dedicated partners, civil society organizations, and, most importantly, the women and girls we serve. Together, we continue to work toward our vision of a world where every woman and girl has the right and ability to make informed decisions about her sexuality and reproductive health.



In the last 22 years of work, Ipas in Nepal has reached millions of women of reproductive age, providing them with access to quality, safe abortion and contraception information and services. Our work has expanded beyond safe abortion and contraception to encompass broader sexual and reproductive health and rights (SRHR) areas, including women-led climate justice and gender-based violence prevention and response. FY 2024 has been especially significant for Ipas Nepal. In collaboration with federal, provincial, and local governments, Ipas supported the training of over 122 providers on first and second-trimester abortion and contraception services. We continue to advocate for pre-service training on abortion and are working closely with 10 medical colleges and training centers to ensure this. In FY24, we conducted a Training of Trainers (TOT) for 13 faculty members on first-trimester abortion services. Ipas Nepal has consistently provided technical assistance to all three tiers of government in updating protocols, program guidelines, and tools. Additionally, expert consultations were held on the provisions of the Right to Safe Motherhood and Reproductive Health Act of 2018.

On the demand side, Ipas Nepal and its partners implemented various interventions, reaching over 184,000 women and girls and marginalized community members. In total, 75 Natural Leaders conducted 603 Community Action, Reflection, and Transformation (CART) sessions, engaging 10,125 women and girls and other members of communities. These efforts have been instrumental in challenging harmful social norms regarding SRHR in communities. In the intersectional areas of climate justice and reproductive justice, Ipas Nepal has made significant strides. Discussions on the nexus between climate change and health have helped bring these important issues to the forefront among a wider range of stakeholders. We are proud to present our Climate Resilient Health System Framework, which focuses on SRHR within the broader context of climate resilience.

I deeply appreciate the continued support from the Government of Nepal, our donors, partners, and communities. I am equally grateful to my colleagues at Ipas Nepal for their tireless dedication, which has been pivotal to strengthening the health system in Nepal. Together, we are driving progress in SRHR, climate resilience, and reproductive justice for all. In closing, as we reflect on the progress made, we recognize that there is still much to be done. Fostering the continued collaboration among stakeholders, I am confident that we will achieve greater milestones toward a climate-resilient SRHR ecosystem. Let's continue to work hand in hand to ensure that every woman and girl in Nepal can live a life of dignity, health, and empowerment.

A handwritten signature in black ink, reading "Jagdishwor Ghimire". The signature is written in a cursive style with a horizontal line through the middle.

**Jagdishwor Ghimire**  
**Country Director**  
**Ipas Nepal**



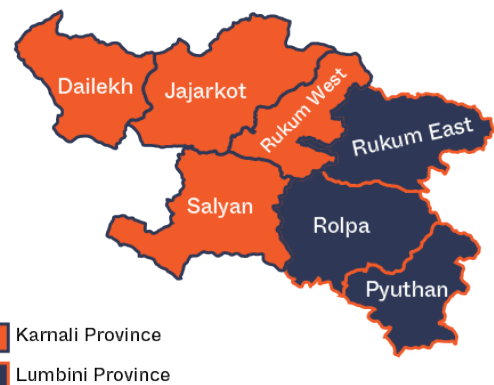
# Background

Ipas is an international organization pioneering global health and rights, advancing access to safe abortion services. Established in 1973, Ipas is the global Network to advance reproductive justice in Africa, Asia, Latin America, and North America. Ipas Nepal, a member of the Ipas impact network, was established in 2002.

Ipas Nepal envisions a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health. Our mission is to improve the sexual and reproductive health and rights of women and girls by enhancing access to safe abortion services, contraceptive care, and reducing gender-based violence, while ensuring a resilient health system. Ipas Nepal, in FY 24, developed its five-year strategic plan (2023-2028) implementing the Sustainable Sexual and Reproductive Health and Rights (SRHR) Ecosystem. Ipas Nepal has prioritized six key areas, which include Evidence-informed, safe abortion and post-abortion care, Humanitarian response and SRHR, gender-based violence prevention and response, adolescent sexual and reproductive health and rights, climate change, and a resilient health system.



In FY 2023/2024, Ipas Nepal worked in four of Nepal’s seven provinces- Koshi, Gandaki, Lumbini, and Sudurpaschim-and surrounding communities, represented by 54 rural/municipalities and 20 districts. In FY 24, Ipas Nepal initiated targeted interventions in Lumbini and Karnali provinces as these provinces have high maternal mortality ratio of 207 and 172 respectively (MMR study Nepal, 2021). Three districts from Lumbini province— Pyuthan, Rolpa, and Rukum East and four districts from Karnali province- Dailekh, Salyan, Jajarkot, and Rukum West —were selected based on the need assessment criteria such as climate vulnerability, number of safe abortion service facilities, at least 50 percentage of the total population with female population, and women of reproductive age (WRA) population comprising 25 percentage of the total population. Ipas Nepal has actively collaborated with 14 rural/municipalities– two in each of these districts, implementing various interventions to improve sexual and reproductive health and rights (SRHR) and make a climate-resilient health system. Apart from this, Ipas Nepal implemented the Gender-Based Violence Prevention and Response (GBVPR) Phase II Project in 19 implementing rural/ municipalities from eight districts of Koshi and Sudurpaschim Provinces.



Ipas Nepal initiated targeted interventions districts in Lumbini and Karnali Provinces



# + Strengthening Safe Abortion and Contraception Services

## Strengthening Capacity of Health Workforce



At or above 13 weeks Safe Abortion Training ( Blended Learning Approach), Kathmandu

In total, 30 Auxiliary Nurse Midwives (ANMs) were trained on **Medical Abortion (MA)** across six batches from 30 health facilities in 14 municipalities within **eight districts** in Lumbini and Karnali Provinces. In Lumbini Province, 15 providers were trained, 10 of whom have been listed/certified to provide Safe Abortion Services (SAS). Similarly, in Karnali Province, six providers from five health facilities have been listed and certified. Ipas Nepal closely monitored two out of the six batches of training to ensure quality and collected valuable recommendations for future improvements to enhance the training program.

In addition, Ipas Nepal successfully integrated first-trimester abortion training into the **MD residency program for Obstetrics & Gynecology (OB/Gyn) and MD General Practitioners (MDGPs)** to ensure that graduates are equipped to provide SAS immediately after completing their medical education, addressing the shortage of trained providers. In FY 24, Ipas Nepal supported the Government of Nepal in expanding the pre-service training program for first-trimester safe abortion care to three additional medical colleges: KIST Medical College, Nepalgunj Medical College, and Nepal Medical College, reaching a **total of 10 institutions providing pre-service training**. These institutions completed a comprehensive facility assessment, followed by a client-oriented, provider efficient (COPE) meeting and a training-of-trainers session for faculty members. In total, 92 residents were trained from 10 medical colleges. Among them, 36 pre-service-trained residents were certified after completing a minimum of 25 cases each. They collectively performed 900 SAS.

Similarly, 13 faculty members from eight medical colleges—Chitwan Medical College, Nepal Medical College, Nepalgunj Medical College, Kathmandu Medical College, KIST Medical College, BPKIHS, Gandaki Medical College, and Pokhara Academy of Health Sciences—participated in the Training of Trainers (TOT) workshop conducted by Ipas Nepal. **Six second-trimester service** providers were trained through a Blended Learning Approach (a mixed method of one-month distance learning and seven days of on-site training) organized by the NHTC with technical support and coordination from Ipas Nepal. The training included participants from six different government health facilities across Achham, Baglung, Dhankuta, Bheri, Chitwan, and Jumla.

Ipas Nepal is integrating safe abortion services with other relevant intersectoral issues such as gender-based violence and climate justice. In this regard, 15 Auxiliary Nurse Midwives from Koshi Province who provide MA services were trained on **gender-based violence** identification, referral mechanisms, and the balanced counseling strategy (BCS) for post-abortion contraception, including a refresher on medical abortion. Furthermore, a **two-day orientation was provided to 30 school health nurses** from four districts of Lumbini Province—Arghakhanchi, Rolpa, Palpa, and Rukum East—in close collaboration with the Lumbini Provincial Health Training Center to help them understand and cater to the intersectional SRHR needs of school students, such as abortion, contraception, gender-based violence, stigma reduction, and the impact of climate change on SRHR.

## Increasing Service Access Through Health Facilities/ Service Expansion



A coordination meeting between the Provincial Health Training Center and Local Level Government to enhance training processes in Lumbini Province

In FY 24, 30 health facilities were supported to expand medical abortion services, 15 health facilities from each of Lumbini and Karnali



Provinces were selected for expansion to provide MA service. Of these 30 facilities, 10 in Lumbini and 5 in Karnali have now been listed and certified to offer SAS. Within just three months of completing the training, a total of 171 safe abortion services has already been provided across these newly certified sites;

Ipas Nepal supported the strengthening of Health Facility Operation and Management Committees (HFOMCs) in 28 health facilities, engaging 316 members to enhance the implementation of sexual and reproductive health services and safe abortion services, improve understanding of legal and policy provisions, and ensure service readiness and quality of care.

As an outcome of Ipas Nepal's technical support to strengthen safe abortion service in Nepal, a total of **11,114 women received SAS** services from the health facilities supported by Ipas Nepal.

## + Policy and Advocacy on Safe Abortion

### *Technical Assistance, Collaboration and Networking for the Sustainability of Safe Abortion Services*

Ipas Nepal provided technical assistance to the Family Welfare Division and Ministry of Health and Population in amending the Right to Safe Motherhood and Reproductive Health (SMRH) Act 2018 through consultations with experts, service providers, and policymakers. In addition, Ipas Nepal provided technical support in preparing program guidelines and tools.



Participants of at or above 13 weeks safe abortion training engaging in VCAT activity- crossing the line at Kathmandu Modal Hospital.

Similarly, Ipas Nepal has been implementing Value Clarification and Action for Transformation (VCAT) since 2011 using standard VCAT guidelines. The VCAT is now a government redbook program, and to standardize the VCAT process, Ipas Nepal supported FWD to design, develop, and field test the VCAT guideline on safe abortion care. The VCAT guideline on safe abortion is based on Ipas global VCAT guidelines, localized in the Nepalese context and approved and implemented by FWD since June 2023. Apart from this, Ipas Nepal also supported the review, revision, and development of the Providers Logbook and MSS, Pre-Service Flow Chart, and Safe Abortion Service Program Implementation Guideline (2078).

### *Engagement in Political Support and Local Governance*

Ipas Nepal engaged 101 locally elected women representatives from seven intervention districts in a sensitization program to discuss the importance of reproductive health and rights and the role of local leadership in reducing the stigma surrounding safe abortion services, resulting in a noticeable increase in their participation in community development and planning activities.



Sensitization on the Safe Motherhood and Reproductive Health Act and its Regulation for Local Elected Women Members.

Furthermore, 14 interaction meetings were held with 242 local government officials, including Mayors and Deputy Mayors, across 14 municipalities to facilitate support for policy formation, budget allocation, and the listing process for safe abortion services. As a result,



local governments committed to initiating safe abortion services in multiple health facilities and began listing health facilities and workers.

Additionally, the Mayor and Deputy Mayor of Chhedagard Municipality in Jajarkot committed to allocating a budget for reproductive health, safe abortion, hoarding board establishment, ambulance services, and capacity building of FCHVs in the next fiscal year.

A policy discussion meeting was conducted in collaboration with the Provincial Health Training Center (PHTC) Lumbini to decisively fortify linkages between provincial and local governments for the SAS program, to sensitize officials about the Safe Motherhood and Reproductive Health Act 2018, and to highlight the potential risks associated with unsafe abortion. The provincial and local governments recommended extending the availability of safe abortion services with trained medical officers, ensuring adequate budget collaboration, and providing quality clinical training at health facilities. The provincial and local governments requested support from Ipas Nepal for resources like pelvic models and counseling flip charts. Ipas Nepal requested increased allocation of local-level budgets for provider training and to update DHIS2 tools for accurate and reliable abortion service reporting.

## + Community Engagement and Agency Building

### *Mobilizing Natural Leaders for Community Sensitization*



Community Action Reflection and Transformation (CART) Session by Natural Leaders Self Mobilization for Community Transformation, Karnali Province

In total, 75 Natural Leaders, self-mobilized women, and girls were trained to advocate for climate justice, gender equality, and sexual and reproductive health and rights (SRHR) in their

communities. These Natural Leaders were mobilized and conducted **603 Community Action, Reflection, and Transformation (CART)** sessions on topics such as safe abortion services, contraception, gender-based violence, and forest fires. Through these efforts, the Natural Leaders reached a total of **10,125 community members**, including 9,350 women and girls, 1,795 adolescents, and 5,107 individuals from marginalized ethnicities, significantly raising awareness, addressing various SRHR issues prevalent in the community, and linking gender-based violence survivors with service accessibility.

In addition, Natural Leaders significantly advocated for progressive SRHR policies and budget allocations while engaging in social accountability processes for gender equality and SRHR, conducting campaigns that reached **5,049 people to promote climate justice, gender equality, and SRHR** within their communities. Furthermore, community information on climate change, SRHR, and safe abortion services was disseminated through radio jingles across eight radio stations, reaching approximately 687,506 people in the seven intervention districts of Ipas Nepal.

### *Building Adolescents' Agency on Climate Change, Gender and SRHR*



Youth-led SRHR Awareness in Bagchaur, Salyan, Karnali Province

A total of 42 adolescents, including 27 girls from our intervention municipalities, were trained on climate change, gender and SRHR, and comprehensive sexuality education (CSE). These trained adolescents conducted 66 sessions, reaching 40 schools and several communities. Through these sessions, they engaged 2,176 community members, including 2,067 adolescents (1,278 of whom were girls). Notably, 1,256 participants were from marginalized ethnicities, demonstrating



significant outreach to vulnerable populations. As a result, the adolescents actively participated as invited guest members of the Health Facility Operational Management Committee (HFOMC) and advocated for the SRHR/CSE needs of adolescents in the meeting.

### **Working with Community Health Workers**



FCHVs at Seram Health Post in Sunchaari Gaupalika engage in an orientation on SRHR, gender, and climate change

The comprehensive orientation of 238 Female Community Health Volunteers (FCHVs) across 28 batches on sexual and reproductive health and rights (SRHR) and safe abortion services significantly enhanced knowledge in all intervened municipalities, focusing on improving their understanding of reproductive health, government policies regarding safe abortion, and the impacts of climate change on SRHR. Additionally, the orientation developed the FCHVs' skills in using urine test kits for pregnancy identification, advocating for reproductive health and safe abortion during health group meetings, and effectively mobilizing and referring women and girls to health facilities when necessary.

### **Social Accountability for SRHR Services**



Community Health Score Board (CHSB) at Dasera health post Chhedagard municipality, Jajarkot

To strengthen local government accountability and community ownership of sexual and reproductive health and rights services, Ipas Nepal implemented the Community Health Score Board (CHSB) model, facilitating two-day interface dialogues at seven health facilities—one in each intervention municipality—bringing together 243 participants, including 158 women, 17 adolescents, and 127 individuals from marginalized ethnicities, along with FCHVs, traditional healers, government officials, and service providers. These dialogues provided a platform for open discussions on the status and challenges of SRHR services, including safe abortion, fostering trust between service seekers and providers, assessing service utilization, and developing joint action plans to address identified gaps and low-scoring indicators in the safe abortion program.

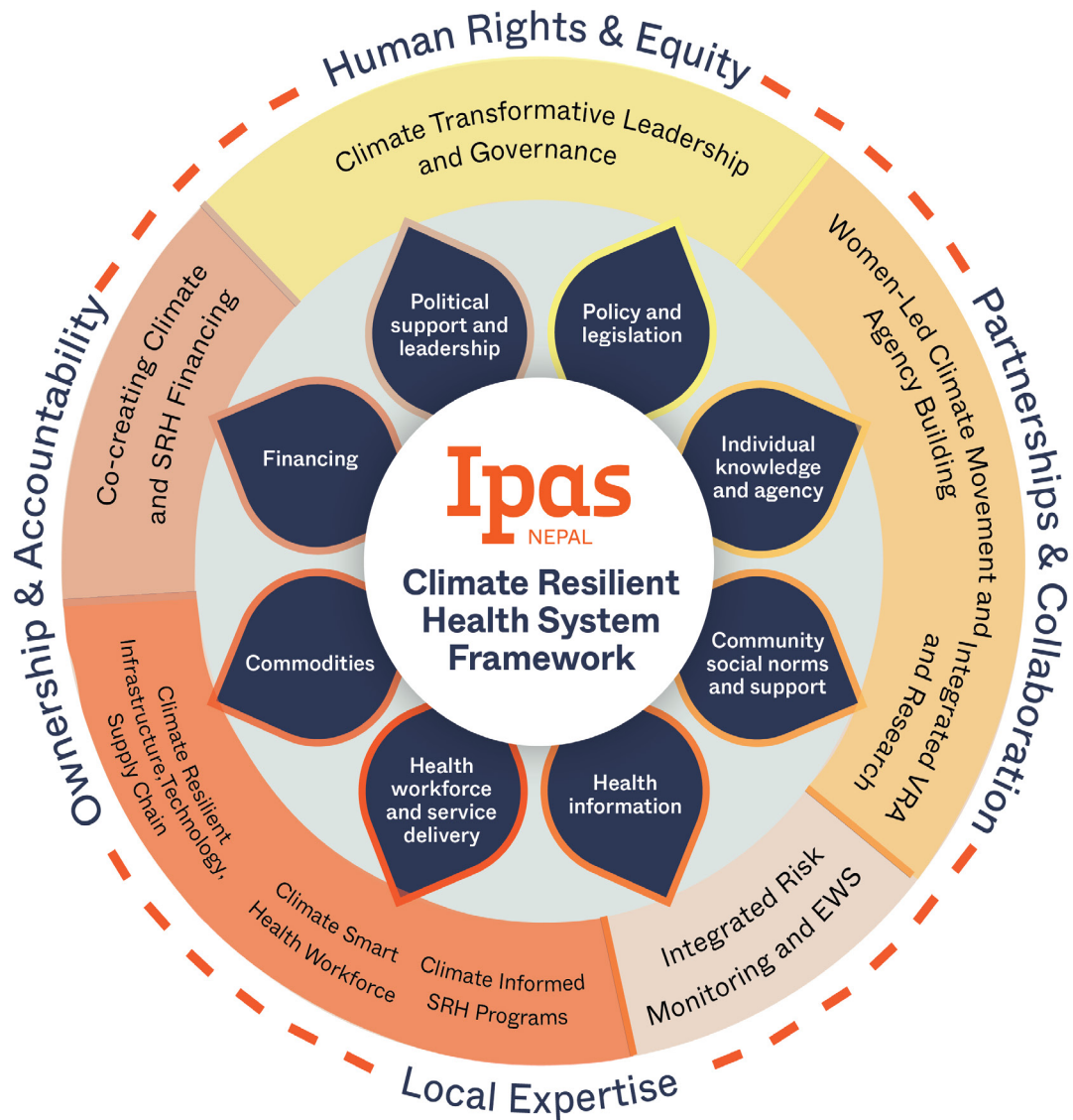
## **+ Women-led Climate Justice and Resilient Health System**

### **Ipas Nepal's Climate Resilient Health System Framework**

Ipas Nepal has developed its own Climate-resilient Health System Framework, which aims to safeguard and enhance the sexual and reproductive health and rights of marginalized groups, especially women and girls, amid climate challenges. Health systems—especially front-line services, the health workforce, supply chains, and access pathways—must be made resilient and adaptable to the effects of climate change, in addition to focusing on improving health outcomes for vulnerable communities.

Thus, the Climate-resilient Health System Framework of Ipas Nepal provides a comprehensive approach to safeguard and enhance the sexual and reproductive health of marginalized groups, especially women and girls, amid climate instability. This framework adapts Ipas Nepal's SRHR Ecosystem Framework and the World Health Organization's (WHO) Operational Framework for building climate-resilient and low-carbon health systems that are responsive to SRHR needs.

# Building Climate Resilient Health System and Improving the Sexual and Reproductive Health and Rights of Women and Girls



## SRHR IMPACTS ON WOMEN AND GIRLS

- Increased cases of GBV
- Unintended Pregnancy and Unsafe Abortions
- Maternal mortality and Morbidity
- Destruction of SRH and WASH infrastructure
- Interrupted SRH Services

## CHANGES OF CLIMATE SYSTEM

- Extreme Weather Events
- Increased Temperature and Erratic Rainfall
- Change in Ocean Current
- Change in Hydrological Cycle
- Melting Glaciers

## DRIVERS OF CLIMATE CHANGE

- Greenhouse Gases, Land Use Change and Deforestation



## Integrating Gender and SRHR in Local Climate Policy



Preparation for formulation of Local Adaptation Plan of Action (LAPA) in Sisne Rural Municipality,

Ipas Nepal reviewed and supported the development of the gender and SRHR integrated Local Adaptation Plan of Action (LAPA) in Sisne Rural Municipality of Rukum East and Dullu Municipality of Dailekh, addressing high climate change risks such as landslides, droughts, and floods, as well as their effects on the SRHR of women and girls. Through two municipality-level workshops with 47 participants and 21 ward-level workshops with 534 participants (including members of community forest user groups, community members, service providers, and elected officials), the LAPAs in both municipalities were developed, mainstreaming community gender and SRHR needs such as accessible services for people with disabilities, gender-based violence prevention and response, access to safe abortion services, and screening and referral for pelvic organ prolapse.

### LAPA Implementation Support

The LAPA-endorsing municipalities initiated two key activities under their LAPAs with support from Ipas Nepal. In Dullu Municipality, a comprehensive reproductive health camp was conducted, where 136 women and girls were screened for cervical cancer through visual inspection with acetic acid (VIA) and uterine prolapse. As a result, seven women were identified as VIA positive for cervical cancer and were referred for further treatment, while three women received vaginal ring insertions for uterine prolapse. In Sisne Rural Municipality, Ipas Nepal provided critical logistical support to enhance the climate crisis preparedness. This support was based on needs identified during the Local Disaster Management Committee (LDMC) and District Disaster Management Committee (DDMC) meetings, which aimed to strengthen the municipality's health system and disaster response capabilities.



Reproductive Health Screening Camp in Binayak -13, Dullu Urban Municipality

### Strengthening Humanitarian Preparedness and Response

Strengthening the government's Early Warning System (EWS) mechanism is a pivotal step toward humanitarian preparedness and response. For this, Ipas Nepal trained 26 weather information collectors, gauge readers, assistant meteorologists, and community members in Karnali Province on the EWS. This training enhanced the capacity of local authorities and community members, equipping them with the skills necessary to prepare for and respond effectively to the impacts of climate change.

A three-day Disaster Rapid Response Team (D-RRT) training was conducted in Karnali and Lumbini Provinces, with 40 participants (20 percent women) from intervention municipalities, including disaster focal persons, health section representatives, and community user group members, aimed at enhancing local capacity for disaster planning and response.



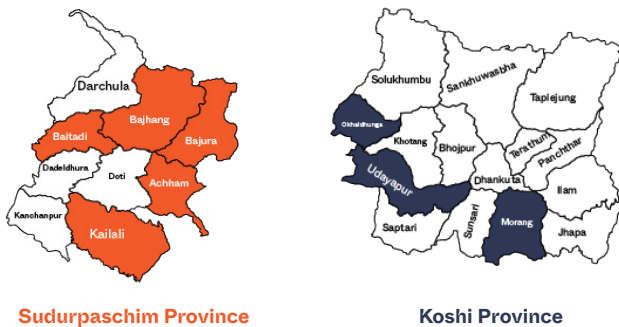
Participants at the Rapid Response Training (RRT) in Dang learn to create stretchers using local materials, equipping themselves for effective emergency response.

The training covered first aid, search and rescue, SRHR in emergencies, and the MISP in emergencies, leading municipalities to implement the lessons learned. In Karnali Province, Dullu Municipality organized coordination meetings and orientations, forming ward-level disaster management committees in all wards, while Aathbiskot

Municipality in West Rukum established a municipality-level Rapid Response Committee and a Rapid Response Team, developed a comprehensive disaster management action plan, set up municipality-level disaster management committees, formed ward-level response teams, procured essential logistics for disaster and epidemic response, and launched awareness campaigns.

## + Gender-Based Violence Prevention and Response

The Gender-Based Violence Prevention and Response (GBVPR) II project was implemented across four rural municipalities, 13 municipalities, and two metropolitan cities spanning eight districts: Morang, Okhaldhunga, and Udayapur in Koshi Province, and Kailali, Achham, Bajhang, Bajura, and Baitadi in Sudurpaschim Province.



### Safe House and Shelter Home Management



On-site coaching and mentoring for safe house staff in Biratnagar focuses on enhancing skills and strengthening community support.

A comprehensive training program was developed and implemented to enhance the management of safe houses and shelter homes, which included the establishment of child-friendly spaces in all nine facilities. A total of 56 service providers received training on safe house management, focusing on gender-transformative and survivor-centered approaches.

Furthermore, 62 staff members from safe

houses, local and provincial governments, police, and the judicial system received support to enhance their skills in recording, reporting, and data management, while 55 survivors of gender-based violence (GBV) participated in life skills training, resulting in a total of 1,308 survivors benefiting from the quality services provided by these shelters.

### Health Response to GBV

A training package on Health Response to Gender-Based Violence (GBV) was updated to incorporate gender-transformative and survivor-centered approaches. Child-friendly spaces were established in all eight One-Stop Crisis Management Centers (OCMCs). A Training of Trainers (ToT) session was conducted for 12 health providers from OCMCs, emphasizing these new methodologies.

Additionally, staff from OCMCs, safe houses, local and provincial governments, police, and the judicial system received training aimed at strengthening recording, reporting, data management, coordination, and referral systems. Moreover, 49 healthcare workers from peripheral health facilities underwent training, and 846 Female Community Health Volunteers (FCHVs) received refresher training. As a result of these efforts, 2,231 GBV survivors received quality care at OCMCs. Furthermore, OCMC data was integrated into the Health Management Information System (HMIS) and uploaded to the DHIS 2 platform.

### Psychosocial Support for GBV Survivors



On-site coaching to safe house health workers, Bajhang

The psychosocial counseling training package was revised, and 19 Child Protection and Social Work (CPSW) coordinators, along with 134 CPSWs, were mobilized for implementation, all completing a 10-day basic psychosocial training followed by two days of on-site supportive supervision for counselors and case managers at One-Stop Crisis Management Centers (OCMCs) and district levels. As a



result, CPSWs conducted household visits reaching 152,916 individuals, including 34,539 men and **118,377** women, while 7,730 survivors of gender-based violence received psychosocial first aid and were referred to multi-sectoral service providers.

### Multi-Sectoral Support

A five-day training was conducted for 97 multi-sectoral service providers, including judicial committee members, mediators, police, and representatives from local and provincial governments. An additional 156 service providers were oriented on mobilizing the gender-based violence elimination fund, and eight lawyers were engaged to support GBV survivors throughout the project. As a result, **1,398** GBV cases were reported to the District Police Office, and **1,117** survivors filed their cases with the District Court.

To ensure the sustainability and quality of pre-service abortion training, a consultative workshop with 20 experts and officials from the FWD, NHTC, the MEC, and faculty members from 10 medical colleges. A key achievement highlighted was the successful implementation of abortion training in 10 medical colleges for OB/GYN residents since 2019 and the expansion to include MDGP/EM residents in five colleges from 2023, with 243 residents trained to date. During the discussion, the Medical Education Commission committed to establishing a standardized framework for execution, with an emphasis on scaling up the program, forming public-private partnerships, and expanding the training to the MDGP/EM curriculum.

### Celebrating Reproductive Justice



Ipas Nepal Team at Ending Gender-Based Violence: Strengthening Services and Amplifying Voices event to mark #16DaysOfActivism.

In observance of the #16DaysOfActivism theme, “UNITE! Invest to prevent violence”, Ipas Nepal organized an event titled “Ending Gender-Based Violence: Strengthening Services and Amplifying Voices.” This event aimed to address the gaps in services for survivors and foster collaboration among the stakeholders.

Additionally, Ipas Nepal, in collaboration with the Family Welfare Division and its partners, celebrated the Ninth National Abortion Day, highlighting the ongoing challenges faced by Nepalese women in accessing abortion services despite the progress that has been made.

### Climate Change and Health Nexus

Ipas Nepal, in collaboration with the Ministry of Health and Population, organized a pre-conference of the parties (COP) 28 workshop on the climate change and health nexus. The workshop aimed to highlight the impact of climate change, social and economic burden on health, and strengthen the country’s case to justify the request for resources to fund the

## + Creating Synergies for Reproductive Justice

Ipas Nepal provided technical assistance to reproductive health partners to increase support for reproductive justice. As a member of the Reproductive Health and Rights Working Group (RHRWG), Ipas Nepal highlighted the advocacy and experiences of province and local governments to increase access and availability of safe abortion services and SRHR services. The 11th Annual Networking Meeting for 2nd-trimester providers brought together 25 participants, including Obstetricians, Gynaecologists, and MDGPs from 19 hospitals across 14 districts, including remote areas like Jumla and Doti in co-ordination with FWD and NHTC.



Consultative Workshop with Medical Education Commission, Family Welfare Division and Nepal Health Training Center along with faculty members

loss and damage initiative. In the workshop, the linkage of climate change, and gender and sexual and reproductive health and rights was presented.



Workshop on Addressing Climate Change and Health Nexus, Kathmandu

### **Participation and Leadership in COP 28 Side Events on Health and Climate Change**

Ipas Nepal, in collaboration with key partners, including the Ministry of Population and Health, FHI 360, and USAID, actively participated in and led high-impact side events during COP 28 in Dubai on Health Day. The focal event, a panel discussion titled “Putting Health at the Centre of Climate Change,” chaired by Honorable Minister Mohan Bahadur Basnet, highlighted the socio-economic burden of climate change on health, explored pathways for establishing a climate-resilient health system in Nepal, and discussed practical solutions for climate-smart healthcare.



Putting Health at the Centre of Climate Change at COP 28 Dubai

In addition to this, Ipas Nepal’s involvement at the event on SRHR & Climate Justice Messaging and a youth-focused event with the African Youth Commission extended critical discussions on the inter-linkages between climate crisis, gender, and SRHR, the nexus between climate change and non-communicable diseases (NCDs), and the importance of investing in family planning as a pathway to climate resilience.

## **+ Strategic Nexus for SRHR Ecosystem in Nepal**

Ipas Nepal hosted the Strategic Nexus for the SRHR Ecosystem in Nepal, bringing together development partners, governmental bodies, and civil society organizations to discuss and advance SRHR. In the event, Ipas Nepal inaugurated the Strategic Plan 2023-2028 and a high-level panel discussion on “Addressing the Barriers to Reproductive Justice in Nepal.” The expert panels in the event presented and analyzed current SRHR indicators and trends, barriers to program implementation, and the critical need for increased investment and government financing in basic health services. The event saw 111 development experts and leaders who engaged in discussions to prioritize and enhance SRHR programs in Nepal.



Strategic Nexus for the SRHR Ecosystem in Nepal

### **Scientific Paper Presentation at Various Forums**

At the 64th Institute of Tropical Medicine Colloquium in Kathmandu, Nepal (Nov 21-23, 2023), Ipas Nepal highlighted the inter-linkage of climate change, gender, and sexual and reproductive health through a paper presentation.

Furthermore, at the 17th NESOG Conference (April 5-6, 2024), Ipas Nepal presented research on SRHR service gaps and the impact of abortion knowledge on contraception and gender-based violence. At the 10th National Summit of Health and Population Scientists (April 10-12, 2024), Ipas Nepal contributed with presentations addressing SRHR integration in climate policies and challenges in abortion awareness in Nepal.







17th NESOG Conference, Advancing in Women's Health Care Now and Beyond, Kathmandu



Ipas Nepal Team at the 10th National Summit of Health and Population Scientists



Social Norms, Poverty, Climate Induced Impacts and Disaster Risk Analysis (SNCIDRA) Assessment, Salyan

The SNCIDRA assessment, conducted across all fourteen intervention municipalities, was led by 27 trained partner staff and involved 941 participants, including government officials, service providers, ward members, and community members.

The SNCIDRA assessment findings revealed limited awareness of women's rights, male-dominated decision-making on SRHR, structural discrimination, economic challenges, and worsening environmental issues exacerbated by climate change. There is limited community awareness of climate adaptation, and access to basic health services remains inadequate, with weak accountability from the service providers.

### ***Routine Data Quality Assessment and Monitoring***



Routine Data Quality Assessment and Monitoring Visit, Nalagad Municipality, Jajarkot

Ipas Nepal conducted a Routine Data Quality Assessment (RDQA) and monitoring visit to ensure program alignment and data integrity and to evaluate the quality and reliability of routinely collected data and reports focusing on accuracy, completeness, consistency, and adherence to program implementation standards. The assessment was carried out across seven intervention districts using a

## **+ Feminist Monitoring, Evaluation, Research, Learning and Adapting**

### ***The Social Norms, Poverty, Climate-Induced Impacts, and Disaster Risk Analysis (SNCIDRA)***

The Social Norms, Poverty, Climate-Induced Impacts, and Disaster Risk Analysis (SNCIDRA) assessment is a user-centric and participatory method designed to understand the root causes of harmful social norms, poverty, climate impacts, and disaster risks that affect gender, sexual, and reproductive health and rights within communities. This tool aids in identifying vulnerabilities across socio-economic, socio-cultural, socio-political, and socio-environmental dimensions that influence agency, service utilization, and community dynamics.

three-tiered RDQA process involving partner NGOs, Social Mobilizers, and Natural Leaders.


### Health Facility Assessment

Ipas Nepal and Family Welfare Division conducted research entitled Assessment of the Health Facility Readiness for Provision of quality medical abortion services in Basic Health Facilities in Nepal . Following the workshop, along with assessing health facility readiness, these mentors also provided clinical mentoring and programmatic support to 70 basic health facilities across seven districts—Accham, Bajura, Doti, Dadeldhura, Rolpa, Arghakhanchi, and Palpa—building on Ipas Nepal’s previous year’s efforts. The draft report

of the research can be found here.

A total of 207 public health facilities were assessed across 14 municipalities, with an additional five hospitals in district headquarters. GPS data was collected for all facilities, which ranged from 8 to 34 per municipality. The survey revealed that 12% of health facilities lacked antenatal care services, over half provided delivery services, and 17% lacked postnatal care. Availability of services was lower in peripheral areas. Only 14% of facilities offered safe abortion services, with this figure dropping to 6.8% in Karnali province, indicating critical gaps in healthcare accessibility.

## Generating Evidences: Catalysts for Change in Nepal’s Sexual and Reproductive Health Landscape

FY 2024 Publications in JNHRC	Scan Here to Read Publications
Barriers to Abortion among Women and Girls in Selected Districts of Nepal	
A Critical Analysis of Safe Abortion Road Map in Nepal	
An Estimate of Abortion Incidence and Unintended Pregnancies	
Service Readiness for Safe Abortion Services	
Perception of Climate Change Vulnerability and its Impact on Sexual and Reproductive Health and Rights in Khutiya and Banganga River Basins	
Trends and Inequities in Use of Abortion Services in Nepal: A Nepal Demographic and Health Survey Data Analysis 1996-2022 A.D.	



# ACHIEVEMENTS AND RESULTS OF FISCAL YEAR 2024

## STRENGTHENING SUSTAINABLE SRHR ECOSYSTEM IN NEPAL

### STRENGTHENING SAFE ABORTION AND CONTRACEPTION SERVICES

<b>30</b>	Auxiliary Nurse Midwives (ANMs) Trained on Medical Abortion
<b>15</b>	Sites Listed for SAS Service
<b>30</b>	Health Facilities Supported to Expand MA Service
<b>92</b>	Pre-service MD Residents Trained
<b>6</b>	Service Provider Trained on 2nd Trimester
<b>13</b>	Faculties trained from eight Medical Colleges
<b>70</b>	Clinical Mentoring in Health Facilities
<b>15</b>	Auxiliary Nurse Midwives (ANMs) Trained on GBV
<b>1</b>	Reproductive Health Camp

### POLICY AND ADVOCACY ON SAFE ABORTION

<b>101</b>	Local Elected Representatives Engaged
<b>316</b>	HFOMC members engaged in 28 Health Facilities
<b>14</b>	Interaction Meetings involving 242 local government officials
<b>2</b>	SRHR integrated LAPA Developed and Implemented
<b>1</b>	Technical Assistance to Standardize VCAT Guideline
<b>1</b>	Technical Assistance to Amend RSMRH Act
<b>63</b>	High-level participants engaged in SAS Advocacy

### COMMUNITY ENGAGEMENT

<b>75</b>	Natural Leaders (NLs) Trained
<b>42</b>	Adolescents Trained
<b>603</b>	NLs Community Session
<b>66</b>	Adolescents Session
<b>40</b>	School Reached Through Adolescents
<b>238</b>	FCHVs Trained
<b>128</b>	Social Movement and Campaign
<b>30</b>	School Health Nurses Oriented

### ACHIEVEMENTS

<b>184,000+</b>	Women and Girls Reached
<b>9,814</b>	Women received Safe Abortion Services (SAS)
<b>1,844</b>	Women received Post Abortion Care (PAC)
<b>5,766</b>	Women received Post Abortion Family Planning (PAFP)

### IMPACTS

<b>6727</b>	<b>13</b>	<b>699</b>
Unsafe Abortions Averted	Maternal Deaths Averted	Maternal DALYs Averted

# Our Partners/Collaborators

working with women



## Our Project Areas



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