

# 2017

## SECOND NATIONAL COUNTRY SEMINAR



BY

**Youth Champions  
Advocacy Nepal  
(Youth CAN)**

**17<sup>th</sup> September**

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## **ACKNOWLEDGEMENT**

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With a sense of honor and pride we owe our sincere indebtedness to our mentor Dr. Suchitra Dalvie, Co-ordinator ASAP for her continuous guidance and supervision, vital encouragement and undue co-operation and believing in us and having patience on team .

We express our deepest admiration to Dr. Shilpa Shroff, Vice Co-ordinator of ASAP for providing her constructive criticism, worthy suggestions and much needed motivation throughout this long delays and guiding team in handling the logistics. We also express our gratitude to our amazing panelist Dr. Suchitra Dalvie (ASAP), Ms. Purna Shrestha (CRR), Ms. Dr. Indira Basnet (NHSSP), Mr. Anand Tamang (CREPHA), Mr. Dirgha Raj Shrestha (IPAS Nepal) and Ms. Pushpa Joshi (Youth CAN). The rich inputs they have provided have certainly paved the way towards better advocacy. Our sincere acknowledgement goes to all the government officials especially Dr. Kiran Regmi from MOHP, Ms. Anandi Panti from Parliament and other concerned government stake holders for making presence in our program despite their extremely busy schedule and encouraging us with words of commitments for collaboration in future. We hope to receive their guidance and support in future as well.

We also thank our participants who were so sincere and interactive during the entire sessions. And last but not the least, the team would like to thank all the people and organizations who were directly and indirectly involved in making it a success.

**Ms. Smriti Thapa**

**President –Youth CAN**

## **INTRODUCTION**

With the support from Asia Safe Abortion Partnership, Youth Champions Advocacy Nepal (Youth CAN) organized its second country seminar on 17<sup>th</sup> September, 2017 in Kathmandu to bolster Youth CAN mission in advancing the sexual and reproductive health and rights of women with especial focus on promoting access to safe abortion services as human right in Nepal. This seminar aimed to build an important platform to bring together youths, women activists, organizations and other diverse stakeholders, including government representatives at national level to discuss on addressing challenges and exploring opportunities within Safe Abortion Advocacy. The overall purpose was to re-introduce the Youth Champions Advocacy Network in Nepal to other stake holders working for safe abortion advocacy and also to disseminate information, experience sharing and exchange of ideas, strategic thinking and planning for a collective vision aimed towards safe abortion advocacy. Furthermore, the seminar aimed to enhance collaboration and cooperation among organizations and institutions working for strengthening SRHR of Nepalese women and finally to have rich meaningful discussion on Safe abortion through gender lens: Integrative and Collaborative approach”.

## **BACKGROUND**

Women and young girls in Asia region often lack the information, autonomy and access to services which enables them to make and carry out decisions pertaining to their own sexual and reproductive health especially those regarding sex, contraception, abortion and childbirth. Barriers to women’s sexual and reproductive health and rights (SRHR) may be political, economic, socio-cultural, religious and personal, health system and service where institutional restrictions and provider knowledge and attitudes can restrict their access to services. These knowledge and attitude stem from deeply seated patriarchy.

Gender-based differences in access to and control over resources, in power and decision-making, and in roles and responsibilities, have implications for women's and men's health status. They result in: differential risks and vulnerabilities to infections and health conditions; different perceptions of health needs and appropriate forms of treatment; differential access to health services; different consequences or outcomes from disease; and differing social consequences as a result of ill health.

Gender stereotyping and discrimination of women creates obstacles for them to access contraceptive and abortion services. Stereotyping women as mothers within marriages is seen in policy and practice across Asia and in Nepal where single women, unmarried women and lesbian women are unable to access SRHR services to the same extent as married women.

It is impossible to imagine and create a stigma free society; where every woman in the country irrespective of their age, marital status, gender identities, ethnicity, economic status and place of origin would have access to SRHR as their fundamental right free from coercion, violence and discrimination; understanding of the root cause of stigma i.e. patriarchy and gender based differences and integration of these issues in our advocacy programs and discourse. Also, the collaboration of the stake holders in reducing these barriers in elimination of such deeply rooted practices is equally crucial to amplify our voices. Of course there will be many challenges in Integration and Collaboration. The political-ideological connotations of gender issues create resistance everywhere. Such resistance is prevalent in our work spaces, in the institution such as medical schools where there lacks the understanding of gender in curriculum, our policy which often negates the importance of gender in addressing the Women's health. Gender issues are interdisciplinary issues and as such difficult to integrate and needs assistance with implementation. Hence, healthcare providers, researchers, policymakers, advocates, youth and various other stakeholders should work hand in hand from local to National level in changing the existing narratives of gender differences surrounding access to SRHR.

It is widely recognized that Goals 3 and 5 of the sustainable development goals are integrally linked. women's ability to enjoy their right to health is undermined when they suffer discrimination, when their right to education is denied and when they are unable to access financial and other productive resources in order to prosper. Evidence demonstrates that where women's right to health, including sexual and reproductive health, is upheld, they are more able to claim their rights to education, to work, to equality within the family and beyond. Approaching these issues in an integrated way is critical to delivering on the promise of the 2030 Agenda and quality reproductive health services.

Building on the progress already made, this panel discussion will bring together experts to discuss how to guarantee the safe abortion services as human right of women and in eliminating discrimination, stigma and biases surrounding it meanwhile ensuring their full and effective participation in the process.

Recognizing the centrality of gender equality to the success of establishing Reproductive health as human right as enshrined in the constitution of Nepal with particular focus on access to safe abortion as human right, This panel aims to build an important platform to bring together youth women activists, organizations and other diverse stakeholders, including government representatives at national level to discuss on addressing challenges and exploring opportunities and finding integrative approach within safe abortion advocacy. Furthermore, also to disseminate information, experience sharing and exchange of ideas, strategic thinking and planning for a collective vision aimed towards safe abortion services and also finally to have enhanced collaboration and cooperation within organizations and institutions working for strengthening SRHR of Nepalese women. Also, in the wake of SDG 2030, the panel discussion will provide an opportunity to discuss how to operationalize the Sustainable Development Goals in compliance with human rights obligations, particularly related to gender equality and paying attention to the impact of intersecting forms of discrimination. It will be an opportunity for the diverse stake holders, to share good practices and suggestions on how to implement people-centered approaches to delivery of reproductive health care, so as to deliver on the promise to leave no one behind.

## Program

### First Half

The Master of Ceremony, Youth Champions **Mr. Aakarshan Timilsina** and **Ms. Rastriyata Bhandari**, started the seminar with welcome note and invited **Ms. Smriti Thapa**, president of Youth CAN, to deliver the welcome speech and introduce Youth CAN. She welcomed and introduced Youth CAN Nepal where she shared the organizational history and support from Asia Safe Abortion Partnership in formalizing this network, its vision and goal and the various objectives that Youth CAN have formulated in accomplishing its mission and vision. She also briefly highlighted the work YCAN has embarked upon and also urged for the need of support, guidance and cooperation from the organizations and institutions working for strengthening SRHR including safe abortion so that we could exchange the ideas, plans and collective vision aimed towards ensuring safe abortion services. This was further reiterated in a small video which depicted its Journey so far in advancing, protecting and promoting women human right and access to safe abortion in Nepal.

<https://www.youtube.com/watch?v=NHONFiuTA0M&feature=youtu.be>



**Figure 1 Ms. Smriti Thapa, president of Youth CAN delivering welcome speech**



**Figure 2 FCHVs from Lubhu PHC singing a song on safe abortion**

The program continued with a very beautiful song by two Female Community Health Volunteer (FCHV) **Ms. Urmila Karki** and **Ms. Urmila Thapa** from Lubhu PHC which emphasized the role of youth in the advocacy of safe abortion and women's sexual and reproductive right along with issues of gender equality thereby acknowledging the various organizations putting their efforts in its implementation. The link to which is given below:

<https://www.facebook.com/youthcann/videos/1729371170692706/>

Following that some of the Key remarks were made by some of the Key government officials:

## OPENING STATEMENT

**Mrs. Anandi Pant**, Member of Parliament of Nepal, was invited on to the desk to give her remarks where she showed her concern towards the fact that even though right to safe abortion being recognized as fundamental reproductive rights of women by the constitution of Nepal, women especially of rural areas are still coerced to practice unsafe means of abortion due to multiple aspects.

This has motivated to work on our future agenda to reach the nooks and corners of the country through our advocacy programs targeted to the rural settings. She stated that Youths should carry out various advocacy programs in the rural areas and focused on her opinion of using the politics as an effective medium for the formulation, implementation and monitoring the policies and laws regarding safe abortion.



**Figure 3 Mrs. Anandi Pant giving her remarks**

**Dr. Kiran Regmi**, secretary at Ministry of Health, was invited as panelist but due to her hectic schedule and emergency meeting in the ministry she was present at least to encourage us and give her initial remarks. She shared us the journey of safe abortion in Nepal from pre-legalization to legalization period of safe abortion where she reminded us of the horrible situation of women when abortion was recognized as criminal act of homicide in Muluki penal code of Nepal. She also felt pride in notifying us with the progress our country has made since legalization and first safe abortion services provided through Teaching Hospital Maharajgunj and Prashuti Griha, Thapathali; surpassing our neighboring countries in regard to its implementation. On a very special note, she convinced us that the Nepal Government is planning a

***“Congratulations Youth  
CAN for this successful  
initiative, Youths are the  
future of the country and I  
wish you best wishes and  
success in future”***

***-Dr. Kiran Regmi***



lot for management and implementation of safe abortion services across the country for ensuring its access to every women in need.



**Figure 4 Dr. Kiran Regmi giving her remarks**

## SECOND HALF PANEL DISCUSSION

The Panel began with the introduction of the moderator, Ms. Smriti Thapa, Founder President of the Youth CAN. Ms. Thapa has long standing experience of youth led advocacy and experience of working in safe abortion advocacy. She introduced the panelist and invited them over. The detail of the Panelist and the moderator is attached in the annex below!!



Figure 1 Ms. Smriti Thapa, the moderator introducing the panelists

**The panel started with Dr. Suchitra Dalvie, Coordinator of Asia Safe Abortion Partnership**

*Smriti: For more than decade now, you are on mission to reduce the maternal mortality in Asia due to unsafe abortion. In your leadership as the coordinator of ASAP, What are the challenges in ensuring safe abortion as human right in Asia and how can we overcome those challenges?*

*From a practitioner's point of view, why is it important to uphold human rights of women and girls in health care services, including those relevant to sexual and reproductive health? What role can health workers play as human rights defenders?*



Dr. Suchitra Dalvie highlighted some of the challenges in providing safe abortion services and pointed out “patriarchy” to be the main challenge and hindrance in effective implementation of the services.

She further highlights, the other cardinal impedance in efficient implementation of safe abortion services as per her knowledge was the non-supportive and stigmatic attitude of health care providers towards abortion issue and so she strongly advocated for the incorporation of gender issues and abortion sensitization into the curriculum of medical and health science for production of not-so-judgmental, sympathetic and supporting health care providers in future.



**“You can’t imagine a progressive civilization/society where you tie down a woman to their reproductive organs without even having the authority to control it and their fertility, restraining them from contributing to their family, society and nation to fullest of their ability”.**

**-Dr. Suchitra Dalvie**

**Panelist, Mr. Dirgha Raj Shrestha, IPAS Nepal**

***Smriti: As a part of one of the leading institutions working for access to safe abortion around the world, how has Ipas Nepal been working towards improving reproductive health status of women by increasing access of safe abortion in Nepal? What are your upcoming strategies and plans in ensuring safe abortion as women human rights?***

**Mr. Dirgha Raj Shrestha** highlighted the status of abortion across the globe and the country stating 22 million annual unsafe abortions worldwide. In 2014 women in Nepal had 323, 1000 abortions of which 137,000 were legal and 63,200 women were treated for abortion complications. Overall, 50% of pregnancies were unintended and unintended pregnancy rate was 68 per 1,000 women of reproductive age group.



**Figure 6Mr. Dirgha Raj Shrestha answering the question by the moderator**

He also introduced a very pertinent example of Mexico City where annually 2.6 million dollars were spent on cure and management of victims of unsafe abortion which drastically dropped down to 1 million dollars, saving an enormous 1.6 million annually after the introduction of safe abortion services into their law. He on the behalf of IPAS Nepal also convinced that IPAS Nepal have already been working with the government for effective implementation of the safe abortion services, which is running currently in 71 districts, nationwide, especially to rural and geographically challenged areas of the nation.

Replying to the query about future strategy and plans of his organization, he mentioned that the 5 year future plan of IPAS Nepal includes building up an enthusiastic and dedicated team of youth, civil societies, rural communities, women’s organization, advocates and health care providers to be called themselves as Safe Abortion Champions, who would advocate, fight for and raise voice to the regional and



national government for ensuring access to safe abortion services. He also came up with an agenda of training more and more health care providers including the SBA, mid-wives and nurses with a vision of expansion of human resources in providing the services and plans to bring up the discussion of self-administration of medical abortion pills as supplementary provision for easy accessible abortion services onto the table of policy making.

### **Panelist, Dr. Indira Basnet, NHSP**

***Smriti: In your long standing career of safe abortion advocacy and now in your current role, what role can NHSP play in bridging the gap, ensuring gender equality and promoting safe abortion women human right?***

Dr. Indira Basnet noted the struggles and success of Nepal in coming so far on delivery of safe abortion services. She also pointed out the loopholes, where abortion, even though being recognized as a fundamental right of women, is not incorporated into the component of SRHR so far. She emphasized, “Lack of integration for efficient implementation” and claimed it to be one of the major barriers. There are multiple NGOs and INGOs working for ensuring the right to safe abortion but the lack of coordination between government and NGOs, health workers and right activists has led us to an unorganized advocacy and program where one issue has been kept at the top of the table whereas the other has been under looked. This paucity of integration can also be watched over academic courses of health education where right to safe delivery is ensured through multiple trainings and advocacy but at the other hand they are deprived of knowledge on abortion. She also pointed out the issue that still after so much of advocacy and awareness on safe abortion at policy making level, safe abortion services is still not enlisted into the fundamental health needs by the Nepal government.



### **Panelist, Ms. Pushpa Joshi, Youth CAN**

***Smriti: Why is it important to ensure active participation and leadership of youths and adolescents, including girls and young women, in developing, implementing and monitoring***

*policies and service deliveries relevant to their health? What kind of role youths and adolescents can play and what kind of expectation youth have from government and civil society?*

**Ms. Pushpa Joshi** answered the question with her own experience sharing. She shared her own experience during her late adolescent when she had her vaginal infection and she visited the gynecological department of a government run hospital nearby her home. She was very nervous at the first place because the issues related to sexual and reproductive health is still considered as taboo in our society. She had visited the hospital after collecting all the courage. When she visited the gynecological department, there were women for antenatal and post-natal care everywhere. When it was her turn for the checkup, the attitude of the doctor was very stigmatizing and unfriendly. With such attitude by the doctor, she left the hospital untreated and went to some private clinic instead.

**“We often address youths as the future but I strongly believe that youths are not only the futures but are also the change makers of present time. If we invest in young people at the present time, then only we can imagine the sensitized and empowered future that will create the same society in future.”**

**- Pushpa Joshi**

Relating the above bad experience of her, she said that if the condition of an adolescent in the capital of Nepal is such; we can imagine the situation of young women and adolescents in the rural and remote parts



of Nepal. This might be because of the lack of active participation and leadership of young people in developing, implementing and monitoring policies and service deliveries relevant to their health.

She further added, “These days, civil societies and government frequently emphasizes the issue of achieving SDGs and 2030 Agenda with the theme “Leaving no one behind”. If no one is to be left behind, then the voice of youth, their sexuality, and bodily autonomy should be acknowledged. Including the youths who cover large portion of our population

is the example of true democracy. Nepal including other south Asian countries is in the phase of demographic transition where we have been observing maximum number of young people in the history. Hence, this is the high time we invest in young people and involve them actively in policy making and leadership activities. If we fail to do so in this crucial time, we will have to regret in future for sure.”

She further emphasized the meaningful youth participation; “Usually youths and young women are used as token in the developmental field which is very wrong. The true leadership capacity of young people should be recognized and the platform for leadership should be provided accordingly. Talking about Youth and SRHR, young people are the one who are mostly affected by the issues related to SRHR. Especially, the SRHR need is higher in adolescent girls and young women. They are the one who suffer a lot whether it is issues related to unwanted pregnancies or unsafe abortion. Hence, investments should be allocated accordingly.” She also stressed the word intersectionality and suggested everyone in the room that youths are not homogenous community. They are the population with diversity and hence their needs are also different. She further added that investment in young people especially young women is also smart thing to do. We have many evidences regarding it. She gave an example of scandinavien countries like Denmark, Sweden, Norway, etc. the countries has recognized the potential of young people and has invested accordingly because of which, their status in the world is very impressive. They are forward in every progress possible and the statuses of women in these countries are very good too.

Hence, in order to achieve the SDGs, the investment in young people especially young women is very important and their meaningful participation and leadership in developing, implementing and monitoring policies and service deliveries relevant to their health is extremely crucial. About the roles of youths, government and civil societies, she highlighted the term “Intergenerational mentorship”. She explained that in order to achieve the dreams that we collectively aspire, we need the contribution of all individual and collectives. Hence, intergenerational mentorship can play very important role. The youths of today also need to prepare the next generation for leadership position. And the meaningful youth participation should be ensured strictly.

At the end, she proposed the youths to work collectively to challenge and question the structure that controls women sexuality and denies the right of women to safe abortion. Because all the problems discussed in the panels and by other panelists were because of the hierarchical social structure. Hence, she was very committed towards challenging the patriarchy and proposed for joint collaboration from other youths too.

**Ms. Purna Shrestha, Center of Reproductive Rights (CRR)**



Figure 7 Ms. Purna Shrestha answering the question

***Smriti: In your long standing career of legal expert and your work in ensuring the Reproductive right of women in Nepal, What are the legal challenges and barriers in ensuring health as human right (Focusing on RH bill) in Nepal? What can be the remedies in overcoming these barriers?***

Ms. Purna took us back to the history and credited advocacy for legislation. She mentioned how safe abortion has paved its way down there to be in the

pages of our law and even after the legalization and its journey of 15 years of journey has its own challenges from safe abortion being a criminal act to its decriminalization. She also claimed that abortion has not only been a gender issue rather a class issue as well. She explains the issue highlighting the imprisonment of women from low economic groups with

no inclusion of high profile females in the punishment. Despite of being reproductive health, a fundamental

right in interim constitution; she exemplifies Laxmi, a mother to 6 children who was unable to abort due to her economic aspect. Her case was the result that women from low economic class can exercise abort freely now with the provision of absolutely free abortion services by the law and government. Safe abortion got legal in 2002 and Nepal has seen significant drop in maternal mortality rate since then. She highly demanded the need for Youth and other institutions to come together and make a provision in law that safeguards the reproductive health of women and safe abortion as well in a section of reproductive health independently.

#### **Panelist, Mr. Anand Tamang, CREPHA**

***Smriti: In your long standing career as a researcher, leader and vocal advocate on safe abortion, could you highlight us with some gaps and challenges in ensuring the evidence based advocacy while achieving universal access to SRHR as outlined in SDG meanwhile also realizing centrality of gender equality (focusing on the research, incidence study on abortion, SSA)?***

***What is the importance of data and what role it can have can have in ensuring safe abortion as women human right in future?***



Mr. Anand Tamang, presented us with some remarkable statistics which really formed the ground of legalization of safe abortion. He enlightened us with a scenario of 1996 where a public opinion poll revealed that only 42% of female who participated in the poll were actually in the favor of abortion while the huge remaining portion believed abortion to be a sin to god; which actually reveals that the major barrier in acceptance of safe abortion lies in the deep rooted mentality of female themselves. He also introduced the fact that the advocacy for legalization on safe abortion with the Nepal Government was made on the ground of research carried out in high maternal mortality rates in Nepal which exposed the unsafe abortion to be the prime cause behind it and thus eventually the government was convinced in decriminalizing abortion and promoting it as a fundamental right to women with a motive to reduce the high alarming maternal mortality rates. Further emphasizing on the importance of evidence, he also made us clear that the safe abortion training of mid-wives and SBAs in addition to doctors were initiated by the Nepal Government on the basis of WHO researches in an attempt of expansion of abortion services.



**Figure 8 Mr. Anand Tamang answering the question**

These all facts speak out itself the relevance of evidence and research in policy making and drafting of law.

He also presented us with a research carried out by CREPHA 6 months back where it was found out that out of total abortion carried out annually in the country, 58% of them are illegal or might be carried out in unsafe means which indicates underutilization of safe abortion services despite service expansion. This might be due to lack of awareness (statistics shows that only 38% of the women are aware of the legalization of abortion in Nepal) or prevailing stigma. which brought the panel to the discussion of actual practical hindrance to the full utilization of free abortion services provided by the government. He brought the idea of consumer barrier to this reasoning and presented his view that ignorance and stigma about abortion, which lies deep in the mentality of Nepalese female and men too, restrains them from accepting and acknowledging the abortion services and decreases the compliance towards this service. In addition to that one real scenario of rural PHC in Nepal where the health care provider, employed by the government, persuaded the women seeking abortion services to go for expensive abortion service at private clinics for reliable and safe abortion over the government facilities with an incentive of getting

commission from the private clinic depicts that the unethical practice of such health care providers makes up the actual practical hindrance in the efficient implementation of law ensured, right to safe abortion. The third barrier he brought to light in the discussion was in fact related to socio-cultural and personal environment of female herself where her right to decision whether to continue or abort her pregnancy is highly manipulated and modified by the incentive of the people around her including her husband, family members and judgmental health care providers eventually making other's decision and preference, her decision, and thus challenges the fundamental right of SRHR to women.

Mr. Tamang very beautifully presented all these barriers which actually are present there in the practical application of the law and challenges the very fundamental right of women, ensured long back by the law and government.

### **FEEDBACK AND QUESTION FROM THE PARTICIPANTS**

With this the panel discussion session approached to question-answer round from the participants where the audiences were asked to put forward their queries to the panelist:

**Roshna Poudel**, Youth champion and nurse by profession, inquired how the health sector in Nepal can be improved relating to the provision of training of Safe abortion and not just limit it within the safe abortion services and why the health institution of Nepal fails to provide promised services in real scenario? To this, Mr. Dhirga Raj Shrestha explained how IPAS has continually advocating for recent 3-4 months in order making the medical personnel skilled in abortion.

**Durga**, on other hand personalized her hard days on medical field and asks NGO/INGO why the competent are unable to make into such organizations to leave their impact on the field of safe abortion services and advocacy. To which again Dirga replied competent are always the one deserving and sooner or later they will find places.

**Homendra Sah**, Youth Champion and medical student by profession, put forward a very important question as to why awareness on abortion has not been spread in school and +2 levels to which Mr. Dhirga responded and asked every sector and every generation to come together for awareness on abortion and its issues at their own respective level.

**Dr. Abhishek, Lubhu** PHC incharge enquired regarding the sex selective abortion and how it has caused the misuse of safe abortion services and what can be done to handle this issue? Mr. Akarshan Timilsina, youth champion and 4<sup>th</sup> year medical student asked how as safe abortion advocate what should be our advocacy strategy on handling the issue of sex selective abortion.



**Figure 9 A participant asking question to the panelists**

Dr. Suchitra from ASAP replied how safe abortion services and sex selection are different issues. She highlighted how the issue surrounding sex selection is rooted in gender inequality and discrimination and as these issues are since these issues are deeply rooted and entrenched. She explained it with perfect metaphor, she gave an example where one day a man was searching something below the light and a man passed by asked if he found the thing that was lost. In reply to which he said actually he lost his ring in the darkness nearby but then the place was so dark and nothing was visible, he thought of searching in the light. She was trying to create a similarity in the issue surrounding the sex selective abortion. According to Dr. Dalvie, since clinics, doctors, patients, fetus, equipment, medicines are visible and thus are discussed and targeted at times while gender inequality and discrimination are hidden, deep rooted and not easy to tackle with what happens is at most of the safe abortion services are jeopardized and authority often targets the safe abortion services.

This is because shutting down a service is quite easy than tackling with gender inequality persisting in the society since a long time. She highlighted how India has been troubled with issue of sex selection from two decade and why doctor are denying for abortion based on sex selection. She focused for elimination of dowry, empowerment to women in order put an end to this issue. She emphasized on the identification of the real grounded problem rather than just a sex-ratio.

Ms. Neha, Youth champion and pharmacist by profession, brought the focus of Mr. Dhirga on how medical abortion has been provided at random with the prescription of either of medicine. Mr. Dhirga corrected it by saying only that authorized medical practitioners and institutions has a right to do so and if someone distributes it at random, it's illegal and needs to be stopped.

At last, Durga Sapkota, Youth champion and nurse by profession, personalized her hard days on medical field and asked NGO/INGO why the competent are unable to make into such organizations, being unable to leave their impact on the field of abortion. Mr. Dhirga in very short said that competent one are always the one deserving and sooner or later they will find their place and get opportunity. Moreover, he also declared that IPAS has planned to provide scholarship for the students in order to encourage them to carry out research on safe abortion at both bachelors and masters level.

### **CONCLUDING REMARKS BY PANELISTS**

***The program then came near to completion where the panelists were requested to make final remarks on the program, its efficacy and provide their concluding statement.***

***Dr. Suchitra Dalvie*** highlighted on the fact that how sex selective abortion is not the result of easy access to abortion services but gender discrimination. According to Dr. Dalvie, since clinics, doctors, patients, fetus, equipment and medicines are visible and thus are discussed about while the main problem i.e. gender inequality and discrimination lies hidden. Since gender inequality and discrimination are deep rooted and are not easy to tackle with, most the times, the authority decides to stop the safe abortion services. This is because shutting down a service is quite easy than tackling with gender inequality persisting in the society since a long time. Lack of access to safe abortion services do not ensure the stage of “no abortion” rather it leads to additional cases of unsafe abortion practices leading to various sexual and reproductive health problems. Class issues are also related to the access and utilization of abortion services because as it is well known, people who can afford can look out for various other safe alternative to get their abortions done while poor, young, uneducated, unemployed population remain vulnerable. Dr. Dalvie repeated the fact that making abortion illegal does not control abortion but leads to additional cases of unsafe abortion practices. She also repeated not to repeat the same mistakes made by our neighboring country i.e. getting confused and not understanding the differences between gender inequality and sex selective abortion.

***Mr. Dirgha Raj Shrestha*** stated that only 25% of the total health service providers provide safe abortion services. Thus, lots of works are needs to be done to increase the outreach of safe abortion services. He repeated the fact that there are various misconceptions regarding abortion and family planning services that needs to be erased. Moreover, he also declared that IPAS has planned

***The more we talk about abortion, the more it starts getting normalized.***

***-Dirgha Raj Shrestha***

*to provide scholarship for the students in order to encourage them to carry out research on safe abortion at both bachelors and masters level. Mr. Shrestha concluded with a strong statement that a joint effort must be put into safe abortion advocacy and it should be done by the collaboration of various organizations in order to bring out the positive results.*

**Mrs. Indira Basnet** marked the fact that sexual and reproductive health services like safe abortion and family planning are still stigmatized. She also supported Dr. Dalvie's statement that gender discrimination is deep rooted in our systems and lie hidden which is the main reason behind stigmatization of the services. She strongly illustrated that safe abortion is a woman's right and must be incorporated as basic sexual and reproductive health right of women. According to Mrs. Basnet, inter-sectoral collaboration is the best approach for ensuring safe abortion as sexual and reproductive health right.

**Ms. Pushpa Joshi** talked about how social hierarchy, class, gender discrimination are the root causes leading to various stigma regarding safe abortion. She strongly stood on her point that it is high time that we leave the superficial matters and work to shake the root causes of the problem. She stated that the social structure is the root cause and it is the most crucial time for us to work in a progressive way in order to change the social structure. According to Ms. Pushpa, in order to bring about the changes in social structure, youth participation is a must.

**Mrs. Purna Shrestha** talked briefly about various possible reasons which have caused us to lag behind in safe abortion advocacy. She said that every woman, knowingly or unknowingly, compromise with their sexual and reproductive health rights because of her husband, her family or the society. She also said that until individuals start thinking and being conscious about broader issues, we will always lag behind in raising awareness and advocating for safe abortion. She suggested that being a safe abortion advocate, one must update their information regarding abortion related laws at both national and international level and also participate in the programs at individual or organizational level.

**Mr. Anand Tamang** highly appreciated the participation of new youth champions for safe abortion advocacy. He suggested the fresh advocates to co-ordinate with their respective municipality or village council, health service providers and other stake holders in order to know the actual scenario of safe abortion services and its utilization. He also motivated the youth advocates to start the change from themselves by doing their part in creating a friendly, barrier – free and safe environment for women to exercise their sexual and reproductive health rights.

### **Summary highlights and conclusion by Moderator**

Moderator highlighted the main summary and discussion of the panel discussion, some of the main themes discussed during the panel were:

- More than 14 years of legalization of abortion in Nepal and still women are dying because of unsafe abortion. Only 32% of the women have knowledge regarding the

legalization. Currently, constitution recognizes reproductive right as fundamental human right.

- Health care providers can act as the barrier to safe abortion services. They too can perpetuate stigma and discrimination.
- Hence, training to more and more health care providers including the SBA, mid-wives and nurses with a vision of expansion of human resources in providing the services becomes more pertinent.
- Incorporation of gender issues and abortion sensitization into the curriculum of medical and health science for production of not-so-judgmental, sympathetic and supporting health care providers in future.
- Bring up the discussion of self-administration of medical abortion pills as supplementary provision for easy accessible abortion services onto the table of policy making.
- Effective coordination between government and NGOs, health workers and right activists for the abortion rights advocacy.
- Investment in young people especially young women and promotion of their meaningful participation and leadership in developing, implementing and monitoring policies and service deliveries relevant to their health is extremely crucial in not only tackling the root cause of patriarchy and gender inequality but to make them empowered to exercise their basic fundamental right.
- Need for collective and collaborative work in order to challenge and question the structure that controls women sexuality and denies the right of women to safe abortion.
- Youth and other institutions should come together and make a provision in law that safeguards the reproductive health of women and safe abortion as well in a section of reproductive health independently.
- A joint effort must be put into safe abortion advocacy and it should be done by the collaboration of various organizations in order to bring out the positive results.
- Inter-sectoral collaboration is the best approach for ensuring safe abortion as sexual and reproductive health right.
- Being a safe abortion advocate, one must update their information regarding abortion related laws at both national and international level and also participate in the programs at individual or organizational level.
- Co-ordinate with municipalities or village councils, health service providers and other stake holders in order to know the actual scenario of safe abortion services and its utilization to change plans and policies into action at grass root level.
- To achieve SDG and universal access to SRHR, it is pertinent we address the whole range of continuum of women's health and that includes access to safe abortion.

- Such spaces of discussion and forum should be priority of civil society in keep moving our momentum of advocacy forward.

Hence, advocacy on safe abortion is incomplete without the discussion and integration of gender and patriarchy in safe abortion advocacy that which often controls women bodily autonomy. Safe, legal and accessible abortion services are available where there is no stigma and discrimination even in setting where it is more legally accessible, women still will face barriers if they shall be judged and discriminated and eventually choose unsafe practices. Hence, in the awake of rise of anti-choice movement even in Nepal, a basic foundation of coordination and collaboration is required to challenges these uprising anti-abortion sentiments, long existing gender norms and stereotypes that perpetuate stigma and myth surrounding safe abortion and need to work collectively in establishing safe abortion as women human right should be more now more than ever.

## **OUTCOMES**

The Country Seminar created a platform for YOUTH CAN not only for exploring opportunities and addressing challenges in safe abortion, but also a stepping stone for Youth CAN to further strengthen networking and collaboration at national level with the government, NGO/INGOs, Youth Organizations and other stakeholders. The major outcomes of the project were:

- Further introduction of the network with the front runners of safe abortion advocacy in Nepal in the presence of our mentor Dr. Suchitra Dalvie;
- Strengthened collaboration with the individual activists and organization working to reinforce the awareness on the issue to help visualize abortion through gender lens among the general population and help minimize the abortion stigmas;
- Youth led and youth driven initiative for safe abortion advocacy were integrated into mainstream safe abortion advocacy in Nepal through inter-generation dialogue and collaboration;
- Discussions from the diverse panelists served as foundation to the future safe abortion advocacy;
- Commitment from the stakeholders (Government Officials and CSO including media personnel and youth working in SRHR) to support and guide the network created a strong network for newly formalized network like Youth CANN for future work together;
- Effective follow-up to localize the commitment made by various participants;
- Increased understanding in safe abortion advocacy and enhanced leadership and advocacy skills of members of Youth CANN involved in the project;



- Solidarity of the organizations and individuals working for the same cause and rise of the collective Pro-choice voice.

## CHALLENGES

- Inviting dignitaries from a newly formalized network and getting their support was extremely difficult in the beginning.
- Organizing preparatory meeting and getting sustained and combined efforts from all the members was much better than last year but some constraints still remained.
- It was difficult to have the presence of all the invited participants and even those who came it were difficult to have their presence (especially media personnel) for the entire program.

## LESSONS LEARNT

- Involvement of people from diverse movements/background helped to understand different perspectives and angles to the challenges and opportunities for safe abortion advocacy his created sharing of experiences and has helped to build strong SRHR advocates in different arenas by enhancing their knowledge and advocacy skills.
- Youth led initiative can build the bridge for intergenerational gap in SRHR advocacy especially on advocacy of safe abortion as women human right.
- Sustained and enhanced cohesion between the members of the network for the proper implementation of programs and actions.

## CONCLUSION

This country seminar was another stepping stone for Youth CAN. It has provided an excellent platform for working in the larger national advocacy spaces building the bridge of intergenerational gap. This seminar also acted as a forum to foreground women's sexual and reproductive rights issues especially on establishing safe abortion as women human right issue in Nepal.

The plethora of information obtained from panel definitely have put forward means and ways to how it is pertinent to have collaborative approach in order to visualize safe abortion through gender lens and in further reducing abortion stigma. This has also built a sense of ownership and confidence within the team mates of Youth CAN and to keep the spirit of leadership ongoing to put forth safe abortion advocacy at the national priority discussion and work with government and





concerned stake holders to bring about the changes in policies and program identifying the root cause of stigma i.e Patriarchy. Furthermore, it has also laid the foundation for designing and implementing the programs and policies at the grassroots level with the help of government and other concerned stake holders in future that will create a gender sensitive community and help reduce barrier for women's access to SRHR and bodily autonomy.

**ANNEX-1**  
**SHORT BIO OF THE MODERATOR AND THE SPEAKERS IN THE COUNTRY SEMINAR**

**Ms. Smriti Thapa (Moderator)**

Smriti Thapa is the Founder President of Youth Champion Advocacy Nepal and also founder Advisor of young women led feminist organization called Young women for change. She holds graduate degree in Nursing in Women's Health and Development and is faculty in Women's health in department of Nursing. Along with that with more than 10 yrs of experience of working in the youth Leadership and Advocacy particularly on Sexual and Reproductive Health Rights (SRHR), Safe Abortion, and young women's leadership, she feels blessed to have this rare opportunity to work with diverse stakeholders in advancing the agenda of linking health with human rights. She is committed to working on issues of women's health and rights and gender equality and has been contributing actively and regularly to talking these issues forward, both in her country Nepal, as well as at the regional and international negotiations spaces, conferences and seminars. She has also been awarded with various youth leadership awards. You can reach out to Smriti at: [smriti.thapa17@gmail.com](mailto:smriti.thapa17@gmail.com)



**Dr. Suchitra Dalvie**

Dr Suchitra Dalvie is a women's health expert, with over 15 years of clinical experience and over 10 years of development work experience. She is currently the Coordinator for the Asia Safe Abortion Partnership (ASAP) and a steering committee member of a national coalition in India called CommonHealth. Her Work experience includes quality of care in clinical services, training of health care personnel (in the technical aspects as well as gender sensitization and values clarification), developing protocols and guidelines (both technical and managerial), supportive supervision and clinical audit. Dr.



Dalvie received her medical degree and an MD in ObGyn from the Seth GS Medical College, University of Bombay and is also an MRCOG (London, UK). She has obtained a PG Diploma in Hospital and Health Care Management.

### **Ms. Pushpa Joshi**

Pusha Joshi started her career in the development sector as a volunteer at Bhaktapur youth Information Forum in 2010. With a more than five years of hands on experience in the field, she has worked on various issues like Sexual and Reproductive Health Rights (SRHR), safe abortion Advocacy, gender, Sexuality, young women's leadership and so on. She has got immense experience on working with grassroots communities such as young women factory workers, women in slum and scattered setting, youths and women in



humanitarian crisis setting and women in rural settings. She is a strong advocate of gender equality and safe abortion rights of women. She got introduced to Youth Champions Advocacy Nepal (Youth CAN) in 2015 during 1<sup>st</sup> National Youth advocacy institute (YAI). She has been a part of core team of Youth CAN ever since. She is currently working at LOOM, a feminist organization and serving as a panellist in United Nations youth Advisory Panel (UNYAP). She aspires to become a storyteller and work for the women empowerment of the grass-roots level.

### **Ms. Indira Basnet**

Indira Basnet is an MD, MPH, a physician, advocate, and health care leader with over three decades of long experience in Nepal. She served in the government for 16 years (from 1983-1998), then with DFID funded & OPTIONS managed Nepal Safer Motherhood Project for eight years (1998-2006) and as the Country Director of



Ipas/Nepal for nine years (2006-2016). During the course of her career, she has advocated successfully for reproductive rights inclusion in the Constitution of Nepal, served as a key leader in the task-shifting initiatives; led the development of the National Skilled Birth Attendant Policy, contributed to the integration of Emergency Obstetric Care and Safe

Abortion Care into the Safe Motherhood Plan. In 2016 Indira joined Nyaya Health Nepal as the Director of Global Public Health Sector Development; during this time she led efforts at integrating the work of the government, NGOs and the External Development Partners and advocated for scaling up successful health care innovations. Currently, she is involved in NHSSP, where she provides TA to MoH for the implementation of Nepal Health Sector Strategy Implementation Plan (2016-2021).

### **Purna Shrestha**

Purna Shrestha is one of the well-known faces in the women's rights advocacy in Nepal. She did her LLM from University of Toronto. She has worked with FWLD for 7 years, worked as a legal officer with UNDP project on supporting the constitution making process, worked as a program officer (VAW) and HIV AIDS at UN women and currently working at CRR as regional Asia Manager. She is a professional lawyer with more than a decade of experience in developmental field.



### **Dirgha Raj Shrestha**

Mr. Dirgha Raj Shrestha is currently serving as National Program manager at Ipas Nepal country office. He completed his masters from Mahidol University, Thailand in 1993 on Primary Health Care Management (M.P.H.M) and was honored with a letter of appreciation from the university for scoring highest in all subjects. He has also received short course trainings on Quality Assurance in Health Services and Infection Prevention Specialist Course from John Hopkins University, USA. Mr. Shrestha has worked in the government health system as a health post in-charge and District Public Health Officer, Nepal Fertility Care Center/Family Health Division as Program Coordinator of Quality of Care Management Center, supported through AVSC International/USAID Nepal as Reproductive Health Specialist and Country Director of Engender Health Nepal. He has also presented papers on quality of care, infection prevention, family



planning and safe abortion in different forums nationally and internationally. He has also authored and co-authored many course/reference and handbooks.

### **Mr. Anand Tamang**

Mr. Anand Tamang is the founder Chairperson and the Director of the Center for Research on Environment Health and Population Activities (CREHPA), one of the leading research organizations in Nepal, established in 1994. He holds M.Phil Degree from Jawaharlal Nehru University, New Delhi (1977-1979), Masters in Geography from Banaras Hindu University, Varanasi (India) (1975-1977). Mr. Tamang started his professional career from India, where he worked for about 10 years and then moved to Nepal. He has received several specialized trainings at regional and global level. He and his organization, i.e. CREHPA have pioneered public education and advocacy campaigns and policy dialogue at the national, district and community levels to decriminalize abortion in Nepal. CREHPA represents the Nepalese civil society organization (NGOs) in the National Advisory Committee on Safe Abortion formed by the Government of Nepal and also at the Technical Committee for Implementation of Comprehensive abortion care.





## ANNEX-2

### COUNTRY SEMINAR PARTICIPANT'S DETAILS

S.N	Name	Organization
1	Anand Tamang	CREPHA
2	Sandip B.K	Sancharika samuha mahilakhabar
3	Shanti sirish	MDM-FRANCE
4	Nabin k. shrestha	FWLD
5	Dr.Dalvie	Asia Safe Abortion Partnership
6	Kalpana subba	Ministry of Health
7	K.p Upadhaya	MSI
8	Dirgaraj shrestha	IPAS
9	Dr. Indira Basnet	NHSPP
10	Anandi Pandit	Parliamentarian
11	Ratna devi Gurung	Parliamentarian
12	Mr. Saimon	MDM-FRANCE
13	Neha malla	HAPSA Nepal
14	Purna Shrestha	CRR
15	Urmila Sharma	FCHV/LUBHC PHCC
16	Urmila Thapa	FCHV/LUBHU PHCC
17	Santosh Bhandari	Youth Action Nepal
18	Medha sharma	Visible iMPACT
19	Dr.Abishek suman	Lubhu PHC
20	Salina Gurung	BBC Nepal
21	Dr.kiran Regmi	MOH
22	Aashutosh karki	Ad venture
23	Vidya laxmi Jaishi	-
24	Gopal Khanal	IOM
25	Dinesh bankoti	IOM
26	Prajwal Ghimere	IOM
27	Aakansha Dahal	YCAN
28	Roshna Poudel	YCAN
29	Homendra Shah	YCAN
30	Rupesh Thapa	YCAN
31	Suprina Bajracharya	YCAN
32	Pramita Manandhar	YCAN
33	Bindu Gyawali	YCAN
34	Bishal Basnet	YCAN
35	Subina Shrestha	YCAN
36	Durga Sapkota	YCAN
37	Akarshan Timilsina	YCAN
38	Rastriyata Bhandari	YCAN
39	Pushpa Joshi	YCAN

40	Smriti Thapa	YCAN
41	Bonita Sharma	YCAN
42	Saru Shilpakar	YCAN
43	Swikriti Thapa	YCAN
44	Sandeep Gurung	Restless Development
45	Nayanshree Singh	Young women for change
46	Pabitra Basnet	Young women for change
47	Pratikshya Dahal	Kathmandu Post
48	Shreejana Shrestha	Rising Nepal
49	Shraddha Pradhan	Bhaktapur Youth Information Forum
50	Ganga Joshi	Bhaktapur Youth Information Forum

## ANNEX-3

### SECOND COUNTRY SEMINAR 2017 AGENDA



**IN COLLABORATION WITH**

**RHRWG**

**COUNTRY SEMINAR**

**Theme: “SAFE ABORTION THROUGH GENDER LENS: INTEGRATIVE AND COLLABORATIVE APPROACH”**

**Venue: Yak Palace, Narayani Complex, Pulchowk**

**Date: 17<sup>th</sup> September, 2017**

#### **Objectives:**

1. To re-introduce the Youth Champions Advocacy Network in Nepal to others stake holders working for safe abortion advocacy.
2. To disseminate information, experience sharing and exchange of ideas, strategic thinking and planning for a collective vision aimed towards safe abortion advocacy.
3. To enhance collaboration and cooperation among organizations and institutions working for strengthening SRHR of Nepalese women.
4. To discuss on Safe abortion through gender lens: Integrative and Collaborative approach”

Time	Agenda	Facilitator
2:00-2:10	Registration (tea) Welcome and objectives	Youth Champions



2:10-2:20	Short Video clip <b>“JOURNEY OF YOUTH CHAMPIONS”</b> and Sharing experiences/small grant project works	<b>Youth Champions</b>
2:20-2:25	Sexual and Reproductive Health Right Song	<b>Female community health care Volunteers – LUBHU PHC</b>
2:25-2:30	OPENING STATEMENT	<b>Hon Parliamentarians/Secretary MOHP</b>
2:30-3:30	Panel discussion: <b>“SAFE ABORTION THROUGH GENDER LENS: INTEGRATIVE AND COLLABORATIVE APPROACH”</b>  <ol style="list-style-type: none"> <li>1. Dr.Suchitra Dalvie (ASAP)</li> <li>2. Dr. Kiran Regmi – MOHP</li> <li>3. Ms. Purna Shrestha - CRR</li> <li>4. Dr. Indira Basnet – NHSSP</li> <li>5. Mr.Anand Tamang---CREPHA</li> <li>6. Mr. Dirga Raj Shrestha –IPAS</li> <li>7. Ms. Pushpa Joshi Pradhan – YCAN</li> </ol>	<b>Moderated by Ms. Smriti Thapa</b>
4:30-4:45	Floor open for queries and suggestions	<b>Facilitated by Youth Champions</b>
4:45-5:00	Concluding Remarks	<b>Dr. Suchitra Dalvie, ASAP</b>
5:00pm onwards	Refreshment (HI-TEA)	

**ANNEX-4**  
**GALLERY**



**Figure 10 Ms. Swikriti and Akansha in the Registration Desk**



**Figure 11 Mrs. Anandi Pant handing token of love to the FCHV**



**Figure 12 Dr. Dalvie handing the token of love to Dr. Kiran Regmi, Secretary of Ministry of Health**





**Figure 13 Dr. Dalvie handing the token of love to Mrs. Anandi Pant**



**Figure 14 A participant asking questions to the panelists**



**Figure 15 Ms. Smriti Thapa, President of Youth CAN handing token of love to Dr. Suchitra Dalvie**



**Figure 16 Smriti Thapa, President of Youth CAN handing token of love to Mr. Dirgha Raj Shrestha**





**Figure 17 Smriti Thapa, President of Youth CAN handing token of love to Ms. Purna Shrestha**



**Figure 18 Smriti Thapa, President of Youth CAN handing token of love to Ms. Indira Basnet**



**Figure 19 Group Picture with Youth Champion**







**Figure 20 with our beloved mentor Dr. Dalvie**