



Kaleidoscope

Championing Reproductive Justice
Centered Health Systems



Kaleidoscope: Reclaiming Sexual and Reproductive Health and Rights and Justice for All.

Who We Are:

Kaleidoscope in Nepal is a national-level collective of the Beyond Beijing Committee (BBC) and Visible Impact, supported by the Asian-Pacific Resource and Research Centre for Women (ARROW). Operating across selected areas of Karnali, Lumbini and Madhesh provinces, the coalition works to strengthen health systems with a core focus on expanding access to Sexual and Reproductive Health, Rights, and Justice (SRHRJ) - particularly quality, safe abortion care. To ensure sustainable, systemic change, Kaleidoscope in Nepal works in close coordination with federal, provincial, and local government bodies.

What Is The Initiatives All About:

We seek to change the health systems so that all people who can get pregnant, especially adolescent girls and young women in all their diversities can access quality, safe and comprehensive abortion care within just and inclusive health systems without experiencing stigma, discrimination and violence.

Nepal

Country Partners:

Beyond Beijing Committee (BBC):

Beyond Beijing Committee (BBC) is a feminist human rights network organisation established in 1998 after the Fourth World Conference on Women in Beijing. With a network of 230+ women-led organisations across Nepal, BBC works to advance gender equality, women's human rights, social justice, and sustainable development. An organisation in Special Consultative Status with UN ECOSOC, BBC advocates for the implementation of BPfA, CEDAW, ICPD, SDGs and other global commitments. BBC has implemented various initiatives, including WHRAP and SAIGE and has played a key civil society role in advocating for the enactment of the Right to Safe Motherhood and Reproductive Health Act, 2075 (2018). Recognised as a trusted partner by government stakeholders, particularly in the health sector, BBC continues to support policy advocacy, accountability, and systems strengthening for SRHRJ.



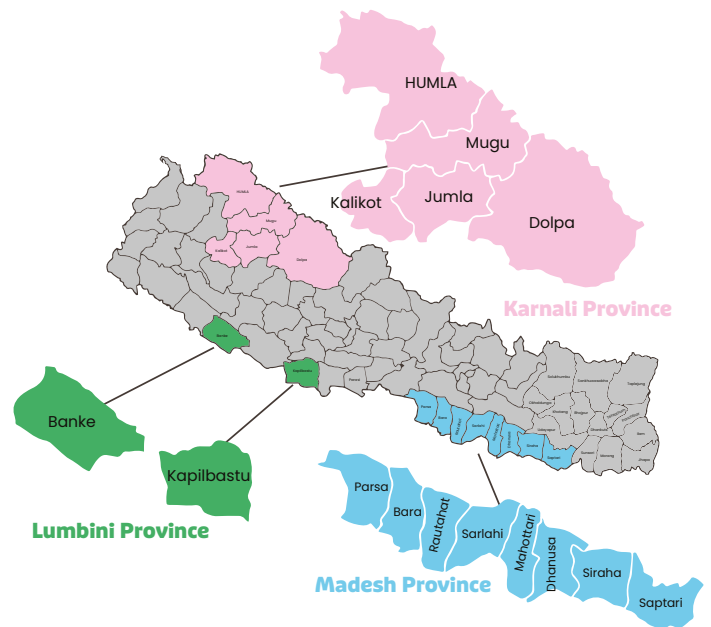
230+

Women-led organization
across Nepal

Visible Impact: Visible Impact is a Nepal based organization led by young women. Our purpose is to empower adolescents, youth, and women to make informed decisions and reduce stigma on sexual and reproductive health and rights with a focus on menstrual health, safe abortion, family planning, and comprehensive sexuality education. Since 2015, we have trained over 700+ young people as champions and reached more than 16k+ people, 40 local governments, 118 healthcare providers directly across all 7 provinces of Nepal through evidence-based advocacy from the grassroots to the federal level. Visible Impact holds Special Consultative Status with ECOSOC.

Working Area:

49 local governments across Karnali, Lumbini and Madhesh Province



Key findings of Baseline Study:

1. Policy and Governance

- Existing SAS guidelines are often difficult to implement in resource-constrained health facilities.
- Policy ambiguities on abortion eligibility and gestational limits create barriers to timely service access.
- No legal provision exists for abortion beyond 28 weeks, even in exceptional circumstances such as rape or incest.
- Coordination among the three tiers of government remains weak and largely limited to training, accreditation, and commodity supply.

2. Safe Abortion Budget and Financing

- Current federal and provincial funding for SAS is insufficient to meet service and training needs.
- SAS receives low priority during annual budget planning and allocation processes.
- Only 30 of 49 municipalities (61%) reported having a dedicated budget for free safe abortion services.
- Karnali Province continues to rely partially on partner support for provider training.

3. Safe Abortion Service Availability

- Only 91 of 519 public health facilities (17.5%) are accredited to provide SAS.
- Lack of trained service providers is the leading reason for facility non-accreditation.
- Only 55 of 91 accredited facilities (60%) were actively providing free SAS.
- Most facilities offer only medical abortion (MA) for up to 10 weeks, with limited availability of MVA services.
- Second-trimester abortion services are available in only one provincial hospital across the study areas.
- Only 7 of 49 municipalities reported having an adequate number of trained providers for SAS.

4. Safe Abortion Information and Monitoring

- All study provinces report SAS data through DHIS2, with some facilities maintaining parallel paper-based reporting systems.
- SAS data are reported monthly to local or provincial governments.
- Monitoring and supervision are constrained by inadequate budgets, staff shortages, difficult terrain, and limited technical capacity.
- Data quality is affected by infrastructure and human resource challenges.

5. People Level

- Fear, stigma, misinformation, privacy concerns, and limited decision-making power continue to hinder access to SAS.
- Cultural and religious beliefs often portray abortion as morally unacceptable.
- Many FCHVs perceive abortion as a sin, influencing community attitudes toward abortion care.
- Abortion-related discussions remain limited, with few women and girls seeking advice from FCHVs.
- Abortion is rarely discussed during routine FCHV meetings, despite interest in increasing community awareness.

Major Strategies for Health System Strengthening for SAS



Strategy 1: Revitalize and Strengthen Existing Health Systems

- Strengthen financing mechanisms for provider training, service delivery, and commodity procurement.
- Expand accreditation of eligible health facilities for SAS provision.
- Enhance access to comprehensive abortion care, including referral and second-trimester services.
- Strengthen HMIS/DHIS2 and RMNCAH reporting systems, including updating the SAS Dashboard, provider mapping, stock management, and IEC supplies.
- Disseminate IEC materials on SAS services in collaboration with NHEICC and FWD.
- Support repainting or installation of standardized SAS signboards at accredited health facilities.
- Conduct regular monitoring and supervision of activities at federal, provincial, and local levels.
- Conduct budget review meetings with HRDC/HSD and PHTC/trainers.

Strategy 2: Advocacy and Collaboration with and Between the Three Tiers of Government



- Advocate for the decriminalization of abortion and amendment of the RSMRH Act and RH Guidelines.
- Conduct consultation meetings on removing abortion from the National Criminal Code and amending the RSMRH Act with Members of Parliament and bureaucrats at the federal level.
- Facilitate coordination meetings with RMNCAH Technical Working Groups at federal and provincial levels.
- Facilitate coordination meetings between FWD and DDA.
- Conduct RHCC and PRHCC meetings.
- Advocate for dedicated funding and endorsement of SAS expansion, provider training, and VCAT programmes at federal, provincial, and local levels.

Strategy 3: Capacity Strengthening



- Conduct SAS training for health care providers (MA and MVA).
- Conduct orientation and sensitization on the RSMRH Act, Regulations, and Guidelines for municipalities, health facilities, and district health offices at provincial levels.
- Disseminate legal and policy documents, including Acts, Regulations, and Guidelines.
- Conduct VCAT Curriculum Assessment for Gender Transformative approaches.
- Conduct TOT-VCAT and VCAT on Safe Abortion.

Strategy 4: Movement Strengthening

- Organize day celebrations and awareness events to promote safe abortion rights and services.

