

The impact of U.S. foreign policy on

safe abortion in Nepal

An Ipas report finds the Helms Amendment creates confusion, which ultimately impedes women's access to safe, legal abortion care in Nepal.

Despite efforts to ensure access to comprehensive abortion care in Nepal, the Helms Amendment that has been in effect since 1973 creates barriers for women most in need. The restrictions in place because of the Helms amendment are not well understood by those most responsible for carrying them out. Over-enforcement of the Helms Amendment has led to decreased access to care for women, decreased training for providers, fragmentation of basic health services, and unnecessary censorship at all levels.

Nepal liberalized its abortion law in 2002 and in 2004 began implementation of a plan for safe abortion services. The Nepali government, through the Ministry of Health and Population, has prioritized the national safe abortion program, and significant efforts have been made in the last five years to expand services. Ipas and other partners have scaled up service facilities so that now there are approximately 245 registered sites in all 75 districts in the country. Hundreds of providers have been trained in safe abortion services, yet for poor women and women living in remote areas, access is still often difficult.

To determine the impact of the Helms Amendment and U.S. policy in Nepal, Ipas commissioned a fact-finding mission in late 2009. Interviews with women, donors, providers and the staff of organizations funded by the United States Agency for International Development (USAID), and other agencies and nongovernmental organizations revealed that although progress has certainly been made to reduce deaths and injuries from unsafe abortion in Nepal through increased access to comprehensive abortion care, strict interpretation of the Helms Amendment continues to put a burden on both health-care providers and women.



The Helms Amendment

The Helms Amendment to the Foreign Assistance Act was passed in 1973, prohibiting the use of funds for the performance of abortion “as a method of family planning” or to “motivate or coerce any person to practice abortions.” The Helms Amendment has been over-interpreted by the U.S. government, effectively banning a range of activities related to abortion. Although abortion should not be regarded as a “method of family planning” where the life or health of a woman is threatened or in cases of rape, USAID does not support provision of safe services or counseling even in these extreme cases.

USAID’s influential role in Nepal

In the last five years, USAID has provided funding for family planning, training, contraceptive commodities, outreach to community-based health workers and monitoring and evaluation of these activities. This funding also covers postabortion care (PAC). In fact, by 2007, the USAID-funded PAC project had established two new training centers, 46 public PAC service sites and trained more than 170 providers.

The Nepal Family Health Program (NFHP) is a bilateral project under an agreement between USAID and the Nepal government. This program focuses primarily on increasing community-level support, especially in rural areas. The current phase of NFHP, which began in 2007 and will continue until 2012, aims to improve the provision and use of public sector family planning and maternal and child health and related social services.

The NFHP and its recipients and partners, because they receive funding from USAID, must be compliant with limitations based on a restrictive interpretation of the Helms amendment stipulating that funds provided by USAID for health, family planning and population are prohibited from being used to promote or provide abortion services. In addition, the NFHP supports the National Safe Motherhood and Neonatal Subcommittee of the Ministry of Health. As a result, abortion-related information has been excluded from Safe Motherhood information and national guidelines on family planning.



Separating reproductive health services

Nepal’s reproductive health-care provision is divided into (1) safe motherhood, including obstetric emergency and comprehensive abortion services, and (2) family planning — largely due to donor health funding streams and the restrictions imposed by U.S. policy. U.S. funding supports PAC and family planning but not abortion, so services are fragmented. At the time of the Ipas study, USAID would not permit postabortion care rooms to be used for abortion services. So providers who were already strapped for resources faced the added challenge of separating physical facilities. Equipment too could not be used for both purposes. Providers could not use the same procedure room, manual vacuum aspirator (MVA), table, or lamps for both PAC and induced abortion care.

“As you know our health facilities are very small, and there was no room.... (Yet) the two services were in two different areas, for example, the PAC services are given from the delivery room and the safe abortion services somewhere else,” said a former staffer of a USAID-funded project.

Little understanding of U.S. abortion restrictions

An officer with Red Cross Nepal who attended a USAID-funded program on community-level family planning awareness explained, “We didn’t talk about abortion at all. Due to restrictions, we couldn’t talk about it, because of the U.S. policy. ... We need to say that unsafe abortion must stop.”

Another grantee affirmed that field staff don’t provide women counseling on abortion as an option. “We encourage counseling to clients on all family planning options but would never mention abortion.”

While some NFHP and USAID staff confirm that the U.S. policy permits abortion counseling in cases of rape and incest, local partners are seemingly unaware of these exceptions and report that they don’t get information about them in USAID-funded training on reproductive health or family planning-related services or counseling.

The harmful effects of Helms

Organizations in Nepal working on abortion-related services or advocacy that don't receive USAID funding are unofficially barred from attending USAID-sponsored meetings and events and even participating in some government initiatives. Dr. Indira Basnett, Ipas Nepal country director, says she has had to insist on being included in the meetings of the Safe Motherhood subcommittee, which is housed in the Family Health Division. Despite her inclusion now, "[there is] no time or topic to talk about abortion," she said.

Safe abortion is not only omitted from discussions of relevant groups and government agencies funded by USAID, it is omitted from publications, training manuals and outreach activities supported by USAID, namely recent training materials on Comprehensive Family planning (COFP) and PAC.

That results in providers and, ultimately, women being uninformed about the range of health-care options when family planning methods fail or when pregnancy is a result of rape or incest or when it poses a serious risk to a woman's life or health.

One USAID-funded organization staffer explained, "It would be great to have a holistic family planning and reproductive health process. So that when we do family planning and reproductive health work, we can bring all players together.... So then when concerns arise, we can have coordinated efforts to help reduce the complications and increase transparency and accurate information, and ensure lifesaving strategies for women. Ideally we would like that — to speak openly about issues concerning women to prevent complications, especially from unsafe abortion. Poor women still don't have access to safe abortion because they are uncomfortable [talking about it] or don't know about it."

In the end, women suffer most. Fragmented services create barriers to safe abortion care. One provider in a remote primary health center that provides PAC but is prohibited from providing abortion services because of USAID funding lamented having to turn women away and refer them to a distant hospital.





One woman's story

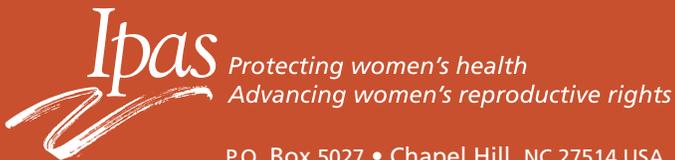
One woman in particular, the provider said, had come seeking an abortion and was referred to the hospital 90 kilometers away — a vast distance to travel by foot or an ox-pulled cart. “She came back after two weeks to seek PAC. She was bleeding and had an infection. She had inserted sticks...inside her. She was 23 years old, married and had two children. She had no money and she couldn't travel.”



Conclusion

Even though the government of Nepal has found international partners to assist in implementing safe abortion care increasingly down to the village level and lowest-level health centers, progress in expanding access has certainly been slowed by the strict prohibitions on how USAID funds are used. Yet there is not a moment to lose in ensuring that known technologies are available through trained health workers to protect the health of women and their families and save many lives.

The brief was prepared by Jennifer Daw Holloway, Ipas Editorial Manager. The contributions of Tzili Mor as an Ipas consultant are gratefully acknowledged, as well as the Ipas Nepal country team led by Dr. Indira Basnett and all who shared information and reflections for this study.



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