SITUATION ANALYSIS

SAFE ABORTION ADVOCACY IN KONJYOSOM RURAL MUNICIPALITY

LALITPUR DISTRICT, BAGMATI PROVINCE, NEPAL

SUBMITTED BY: VISIBLE IMPACT
SUPPORTED BY: IYAFP

ABSTRACT

This situation analysis document presents evidence drawn from primary qualitative research, including Key Informant Interviews (KIIs) with the Health Section Chief of Konjyosom Rural Municipality (KRM), the facility's safe abortion service provider, and two Female Community Health Volunteers (FCHVs), as well as a Focus Group Discussion (FGD) with five women of reproductive age of Konjyosom Rural Municipality conducted under the Safe Abortion Advocacy Project implemented by Visible Impact (Visim) with support from the International Youth Alliance for Family Planning (IYAFP).

The findings reveal a critical disconnect between Nepal's progressive legal framework on abortion and the lived reality of women in Konjyosom. Despite four of five health facilities offering Medical Abortion services, utilization remains extremely low at only 1–2 cases per month across the municipality. Women routinely travel to Kathmandu to avoid community judgment, not because local services are unavailable but because trust in local confidentiality is absent. Meanwhile, frontline health workers operate in isolation, with no refresher training, no backup staffing, and no IEC materials, while the wider community remains largely unaware that safe abortion is even legal. This brief presents actionable recommendations for the Konjyosom Rural Municipality Office to bridge the gap between law and practice.

1 INTRODUCTION

1.1 ABOUT VISIBLE IMPACT

Visible Impact (Visim) is a non-governmental organization established in 2015, dedicated to creating visible change in the lives of every girl, every woman, and every youth. Visim's mission is to unleash the capabilities of girls, women, and youth in various socio-economic spaces through inclusive, participatory, and transformative approaches, with human rights, feminist principles, and meaningful youth participation as its non-negotiable values.

It primarily works to ensure Sexual and Reproductive Health and Rights (SRHR) by raising awareness and conducting advocacy on issues such as menstrual hygiene, family planning, safe abortion, and gender-based violence.

1.2 ABOUT THE PROJECT

1.2.1 Introduction to the project:

The Safe Abortion Advocacy Project is implemented by Visible Impact with support from the International Youth Alliance for Family Planning (IYAFP). IYAFP is a global organization entirely led by youth, working towards empowering young people in matters of Sexual and Reproductive Health, Rights, and Justice (SRHRJ). This project employs a community-driven, rights-based approach to address critical gaps in safe abortion awareness, access, and service delivery in Konjyosom Rural Municipality.

1.2.2 Goals and Objectives:

Project goal: To promote informed, safe, and equitable access to abortion services through community-driven policy development and public awareness.
Objectives:

- To conduct an inception meeting with the stakeholders (local government, health care providers, representatives of the mother's group, and FCHVs (Female Community Health Volunteers))
- To train all FCHVs of the rural municipality through one-day orientation sessions to enhance their capacity on safe abortion awareness and referral.
- To sensitize at least 200 mothers via FCHV-led group discussions to increase their understanding of reproductive rights and access to safe abortion services.

- To develop a community-informed situation analysis using key informant interviews with health officials and service providers to highlight local needs and recommendations
- To implement a targeted mini-social media campaign with a motive to raise awareness about safe abortion, safe abortion services, and practice and policy messages throughout the advocacy.

1.2.3 Project Area:

Konjyosom Rural Municipality is located in the southern Lalitpur District of Bagmati Province, with its administrative center at Chaughare. The rural municipality spans an area of 44.18 square kilometers and is divided into five wards: Chaughare, Shanku, Dalchoki, Nallu, and Bhardev. The region is predominantly hilly, with scattered ettlements and rugged terrain, which influences accessibility and infrastructure development.

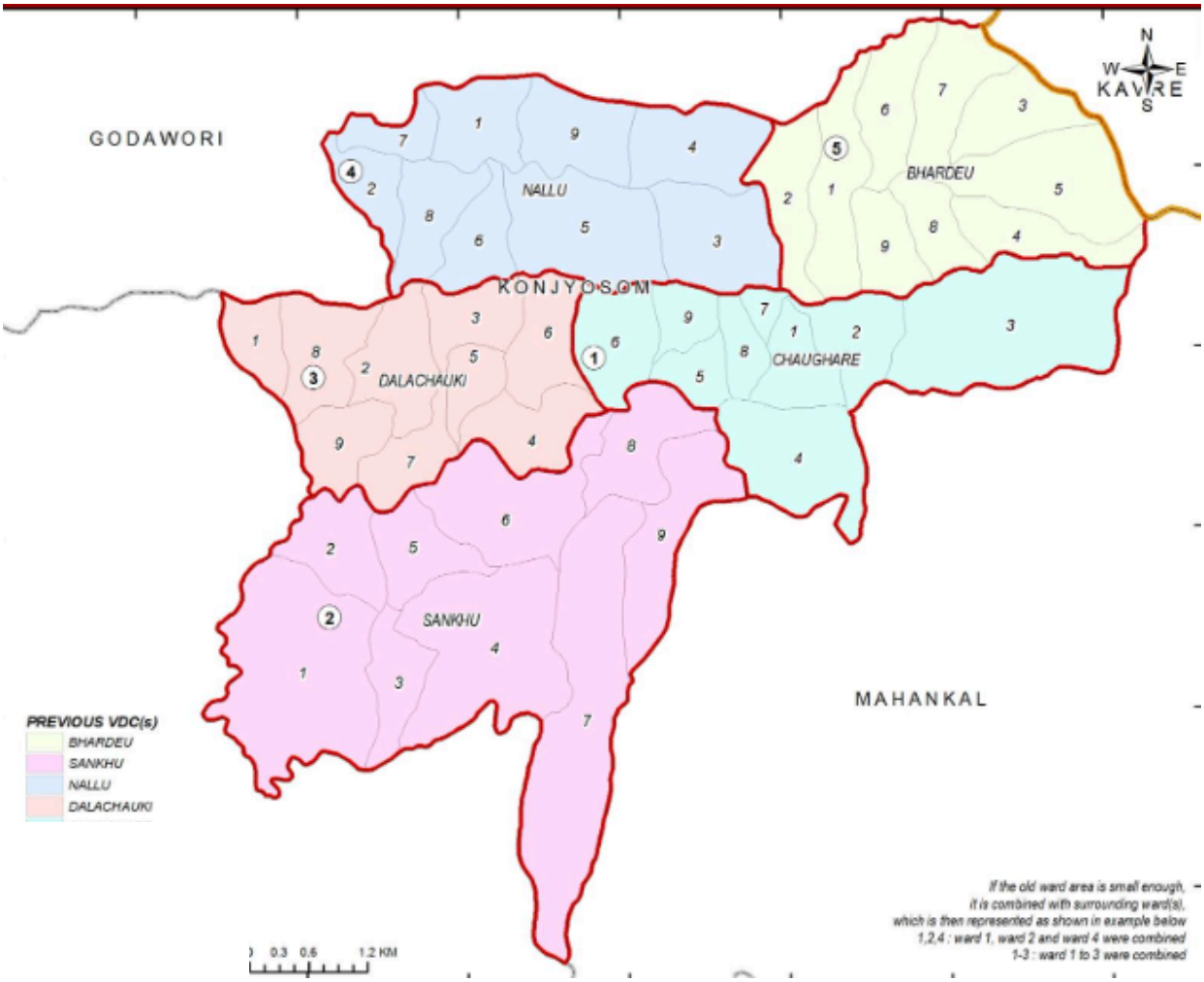

Fig: Map of Konjyosom Rural Municipality

As per the 2021 census, Konjyosom Rural Municipality had a population of 8,989, while the rural municipality's 2081 survey estimated 11,323 residents across 2,150 households. The population is largely of the Tamang community (75.78%), and most residents rely on agriculture as their primary source of livelihood. The dispersed nature of the settlements means that communities live in small clusters across remote areas, often separated by steep slopes and forested regions.

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1.2.4 Methodology

A qualitative community assessment was conducted in January 2026.
Data were collected through:

- FGD with five mother group members, conducted on 14 January 2026.
- Four KIIs in total: One with the Health Coordinator one with a trained SAS provider, and two with FCHVs.

Limitations of the study

The study incorporated data from only four of the Key Informant Interviews (KIIs) with local stakeholders and a focus group discussion with a few community members of Konjyosom Rural Municipality. So, the information and results from this study cannot be solely generalized.

1.3 Rationale

Abortion is the medical or surgical termination of a pregnancy before the fetus can live independently outside the mother's womb. It can occur spontaneously, referred to as a miscarriage, or be induced intentionally. The reasons for seeking an abortion can vary, encompassing personal, socioeconomic, medical, or ethical factors.

As of 2023, the situation surrounding abortion in Nepal has seen significant changes and developments over the years. Abortion was legalized in Nepal in 2002 AD under certain conditions, which marked a progressive step in women's reproductive rights. According to the Safe Motherhood and Reproductive rights act 2018 AD,

- A pregnant woman has the right to a safe abortion with their own consent up to 12 weeks.

- Up to 28 weeks: A pregnant woman has the right to a safe abortion with their consent in any of the following cases: a licensed doctor confirms that continuing the pregnancy may endanger their life, deteriorate their physical or mental health, or result in a disabled infant; in the case of rape or incest; if the pregnant person is suffering from HIV or a similarly serious incurable disease; or if the health worker confirms that the fetus has defects that may damage the womb, the fetus cannot survive after birth, or the fetus has a disability due to genetic or other causes.

Despite the legalization, access to safe abortion services remains a challenge in Nepal due to social stigma, lack of awareness, limited availability of trained healthcare providers, and geographical barriers, especially in rural areas. Cultural and societal norms often discourage open discussions about reproductive health, leading to widespread misinformation about safe abortion methods and consequences. Unsafe abortions are significant public health issues in Nepal. Women who cannot access safe services may resort to unsafe methods, leading to complications that can be life-threatening. Therefore, this Safe Abortion Advocacy Project has been developed to address these gaps by promoting awareness, strengthening community engagement, and improving access to safe and legal abortion services.

2 SITUATION ANALYSIS

2.1 NATIONAL SCALE AND TREND OF SAFE ABORTION SERVICES

Safe abortion services received through public health facilities have risen steadily over the past eight years. DoHS Annual Health Report shows the national total climbed from 96,417 in FY 2073/74 to 102,357 in FY 2080/81 [1]. This growth most likely reflects a combination of expanded services and improved reporting coverage.

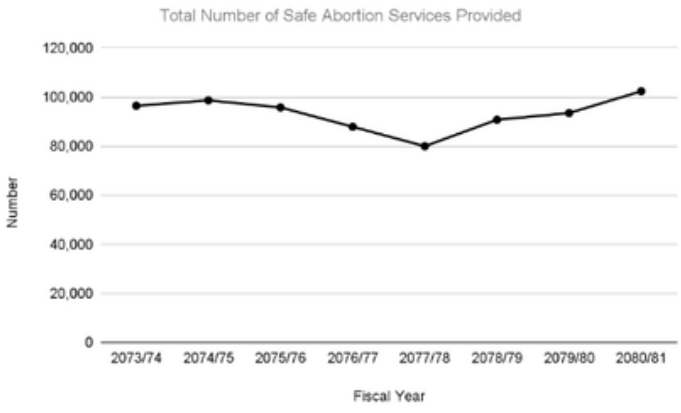

Fig: National Trends in Safe Abortion Services in Public Health Facilities

2.2 NEPAL'S LEGAL FRAMEWORK AND POLICIES

Before 2002, abortion in Nepal was a criminal offence under the Muluki Ain 1963, punishable by imprisonment in all circumstances. The 11th Amendment in 2002 changed this, permitting abortion on specified grounds and making Nepal one of the first countries in South Asia to allow abortion on request up to 12 weeks of gestation.

Currently, Safe Abortion in Nepal is governed by three main instruments:

1. Muluki Criminal Code, 2017 (2074 B.S.): Decriminalizes abortion within certain conditions; criminalizes sex-selective and forced abortion
2. Safe Motherhood and Reproductive Health Right Act, 2018 (2075 B.S.): Establishes safe abortion as a legal right, mandates accessible services, and prohibits sex-selective abortion [2].

2.3 SITUATION IN KONJYOSOM RURAL MUNICIPALITY

2.3.1 Service Availability and Infrastructure

Konjyosom Rural Municipality has a total of five health facilities, of which four currently provide safe abortion services in Wards 1, 2, 3, and 5. Ward 4 does not have such services, and clients from this ward are referred to facilities in Wards 3 or 5. All available services are limited to medical abortion, as none of the facilities offer surgical options such as manual vacuum aspiration (MVA).

A total of four service providers have received training from the Family Welfare Division (FWD) and the Family Planning Association of Nepal (FPAN). However, none of them have undergone refresher training since their initial certification. There are no private clinics operating within the municipality. The current stock of medical abortion drugs ranges from 100 to 150 units, which providers consider sufficient for the existing level of demand. On average, each provider serves one to two clients per month, indicating either low service need or, more likely, limited demand due to gaps in community awareness.

Infrastructure for ensuring privacy and disseminating information is inadequate across most facilities. The majority rely on curtains instead of dedicated consultation rooms, with only the hospital having a separate private space. Additionally, there are no Information, Education, and Communication (IEC) materials available at any service point, and no recent awareness-raising activities have been conducted. Reporting is carried out through the DHIS-2 system. Although no unsafe abortion cases or maternal deaths have been reported in the past three years, the Health Coordinator noted that unsafe abortion cases may be underreported.

2.3.2 Community Knowledge

- **Findings from the FGD**

Knowledge of safe abortion among FGD participants was severely limited as only one of the participants was aware of its legal status or that services were available locally. All five participants believed abortion as a moral and religious matter; sinful, not a health issue, and none were aware about gestational limits or legal conditions as well.

> "आबई के कुरा गरेको, यस्तो कुराहरु पनि गर्न हुन्छ र ? गर्भपतन त गर्नै हुदैन, यस्तो गर्यो भने त पाप लाग्छ हामीलाई"
>
> (Translation: "What are we talking about here? Can things like this be done? Abortion should not be done; if one does this, it is sinful for us.")
>
> -Participant D, FGD, Konjyosom RM, January 2026

> "तर कुनै समयमा आमालाई बचाउन पनि गर्भपतन गर्यो भने त्यो समयको लागि चाही गर्भपतन राम्रो हो |"
>
> (Translation: "But sometimes abortion is also done to save the mother, so in that moment, abortion is the right thing.")
>
> -Participant B, FGD, Konjyosom RM, January 2026

- **Findings from KIIs**

  - FCHVs knew considerably more than the FGD participants but still had notable gaps. They were familiar with MA, referred women to health posts, and counselled community members, though their information on eligibility criteria and legal limits was incomplete. The most persistent misconception they encountered was the infertility myth, the belief that abortion causes permanent infertility. Traditional healers (Jhankri) remain a source of community opposition. Both FCHVs reported that unmarried adolescents come to them for help quietly, without family knowledge.

- The Health Coordinator demonstrated a general understanding of the legal framework, including the Safe Abortion Act 2058, the Safe Motherhood and Reproductive Health Act 2075, and the Abortion Service Guideline 2078. While they were familiar with gestational limits, their interpretation did not fully align with current provisions, suggesting some gaps in updated legal clarity. They confirmed that four service points are operational within the municipality and acknowledged the absence of a certified facility in Ward 4. There is currently no alternative arrangement in place should a provider become unavailable. It was also noted that many women tend to avoid local services due to concerns about privacy and the possibility of being recognized, often opting to travel to Kathmandu even when services are technically available nearby. No specific strategies to address these concerns were discussed.

2.3.3 Community Attitudes

- Attitudes toward abortion appeared mixed, with stigma largely shaped by prevailing cultural and religious norms. Fear of judgment, loss of dignity, and concerns about family reputation emerged as key factors influencing how abortion is perceived and discussed within the community.
- Unmarried women, particularly adolescents, seem to face additional layers of difficulty. FCHVs indicated that younger individuals often seek support informally and discreetly, reflecting the sensitivity and social risks associated with accessing services. It was also noted that many women refer to abortion as a “menstrual problem” rather than naming it directly, which can obscure the actual scale of abortion-related needs in the community.
- The Health Coordinator acknowledged that the community may not yet be comfortable with open conversations around abortion, reinforcing the broader context in which these patterns occur.

2.3.4 Practices and Health Seeking Behavior

- Despite the availability of local services, many women continue to travel to Kathmandu, largely due to concerns around confidentiality and the fear of being recognized at nearby facilities. Service continuity also appears fragile; when the sole trained provider at a facility is absent, there is no qualified staff available to fill the gap, resulting in inconsistent access.
- Geographical and logistical barriers further shape access. For those in more remote areas, travel time can extend up to 1.5 hours, and with unreliable transportation, seeking care often requires a full day. This poses particular challenges for women engaged in agricultural work, where time away has direct livelihood implications.
- Although no unsafe abortion cases have been officially documented in the past three years, the Health Coordinator noted the likelihood of underreporting, indicating that the absence of recorded cases should not be interpreted as an absence of need

3 KEY BARRIERS AND CHALLENGES

The following barriers were consistently identified across all KIIs and the FGD as the most significant obstacles to safe abortion service access and uptake in Konjyosom Rural Municipality:.

3.1 SUPPLY-SIDE BARRIERS

- Service delivery capacity appears constrained across several areas. Most facilities rely on a single trained provider, with no backup in place, making continuity of services highly dependent on one individual. In addition, refresher training has not been conducted for several years, and some providers remain unaware of updated protocols, including the extension of medical abortion services up to 12 weeks.
- Gaps in supplies and infrastructure further affect service readiness. Essential items such as cannulas for managing incomplete abortion are not available, and facilities lack updated IEC and counseling materials. Ward 4 remains without any safe abortion services, with infrastructure limitations delaying potential expansion. There are also no additional certified private or non-government facilities authorized by the local government to complement existing services.
- At the system level, there is no dedicated budget allocated for awareness activities, refresher training, or additional staffing. Privacy measures within most facilities are minimal, often limited to curtains, while dedicated consultation rooms are only available at the hospital level.

3.2 DEMAND-SIDE BARRIERS

- Community awareness around safe abortion appears to be very limited, particularly regarding its legal status and the availability of services within the municipality. Abortion is often viewed through a moral lens rather than as a health service, with cultural and religious beliefs shaping these perceptions.
- Concerns about community gossip and social judgment strongly influence care-seeking behavior, with many women choosing to travel to Kathmandu to maintain anonymity. Misconceptions also persist, including the belief that abortion especially during a first pregnancy can lead to permanent infertility.
- Unmarried and adolescent women seem to experience heightened barriers, navigating both stigma and fear of social consequences. Even among FCHVs, there are indications of internalized uncertainty around abortion, which may affect the consistency and quality of counselling. Additionally, traditional healers (Jhankri) and some older community members appear to hold views that discourage the use of abortion services, further shaping the community environment.

3.3 STRUCTURAL AND GEOGRAPHIC BARRIERS

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4 RECOMMENDATIONS

4.1 RECOMMENDATION TO LOCAL GOVERNMENT

- Within existing local government provisions for SRHR programming, a defined portion of the budget could be allocated to strengthen safe abortion services. This would allow for more targeted investments in areas such as community awareness initiatives, refresher training for providers, development of IEC materials, and strengthening of human resources.
- There is scope to further strengthen service availability across the municipality by expanding the number of authorized health institutions and trained providers, which could help ensure that all five wards, including Ward 4, have access to safe abortion services.
- Attention to confidentiality within facilities may also enhance service utilization. Introducing or reinforcing clear protocols, along with exploring structural adjustments such as private consultation spaces, could support a more secure environment for clients.
- Periodic orientation for local government officials and ward representatives on current legal provisions including updates such as the 12-week MA guideline may help align policy understanding with practice.

- Strengthening referral linkages within the municipality could also contribute to more efficient service use, reducing the need for travel to Kathmandu. Clarifying referral pathways to district or higher-level facilities, alongside attention to client privacy during referrals, may be beneficial.
- Transport-related challenges remain an important consideration. Exploring ways to improve the availability and reliability of the municipality ambulance for reproductive health needs, as well as community-level approaches such as FCHV-supported outreach or counselling for early-stage care, could help ease access constraints.
- There is an opportunity to further strengthen the role of FCHVs through more comprehensive orientations that include the legal framework, current service protocols, and tailored approaches for supporting unmarried and adolescent clients. Creating space within these sessions to openly reflect on personal values and address misconceptions may also help FCHVs feel more confident and consistent in their counselling.

4.2 RECOMMENDATION TO HEALTH FACILITIES

- There is potential to strengthen refresher training for certified providers, particularly focusing on updates to the revised medical abortion protocol (extended up to 12 weeks) and VCAT-related capacity strengthening.
- To improve service continuity, facilities could also benefit from having at least one additional staff member trained as a backup safe abortion provider, ensuring services remain available even in the absence of the primary provider.
- Addressing supply and communication gaps may further enhance service quality. This includes ensuring the availability of essential equipment such as cannulas for incomplete abortion management, as well as developing bilingual IEC and counselling materials in both Nepali and Tamang to improve accessibility for diverse community groups.

4.3 RECOMMENDATIONS TO FCHVS/ COMMUNITY

- FCHVs could also play a more active role in community engagement through regular dialogues and mothers' group discussions. These platforms may help gradually normalize abortion as a health service, directly address common misconceptions such as infertility concerns, and improve community awareness of the availability of local services.
- FCHVs, as trusted community members and the first point of contact for many women, are uniquely positioned to bridge the gap between communities and health services. Equipping them with up-to-date knowledge of safe abortion service sites and referral pathways within and beyond the municipality will enable them to confidently guide women to the right services at the right time.

5 CONCLUSION

The research conducted in Konjyosom Rural Municipality tells a clear story: the legal right to safe abortion exists on paper, but for the women of Konjyosom: largely Tamang, rural, and engaged in subsistence livelihoods, that right is not yet a practical reality.

Women know very less about their legal rights. When they need services, they travel for hours to Kathmandu, not because local services are absent, but because of lack of proper confidentiality. The sole trained provider in each facility works without backup, without refresher training, and without the materials she needs to counsel clients effectively. The local government operates without a dedicated budget for the very services it is legally mandated to authorize and oversee.

Yet this brief also documents genuine strengths to build on: committed FCHVs who have earned deep community trust over many years; a Health Section Chief who understands the gaps and has articulated clear solutions; a service provider who has grown in skill and confidence despite resource constraints; and women who, once informed, are willing to reframe abortion as a health service rather than a sin.

The gap between law and lived experience is not inevitable, it is a policy choice. Visible Impact calls upon the Konjyosom Rural Municipality Office to take concrete, time-bound action on the recommendations in this document, and to stand behind the reproductive health and rights of every woman and girl in its jurisdiction. Safe abortion is not a controversial service. It is essential healthcare. It is a right.

6 REFERENCES

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