RMNCH Interim Guidelines rollout for Safe Abortion Services: Approach, Learnings, and Way Forward amidst the COVID-19 Pandemic

Evidence collected during the COVID-19 pandemic in Nepal through interviews with health workers and health coordinators shows a reduction in service availability, service utilization, and quality of care for sexual and reproductive health services [1]. The medical professionals and budget were focused on combating the virus leading to a reduction in other health services. Interim Guidelines was developed by the Reproductive Health sub-cluster, Family Welfare Division (FWD), and approved by the Ministry of Health and Population (MoHP) on May 21, 2020, for the continuation of essential Reproductive Health (RH) services and to minimize the impact of COVID-19 on Reproductive, Maternal, Newborn, and Child Health (RMNCH).

The guideline [2, 3] provisions the following points related to Safe Abortion Services-

1. To provide Medical Abortion (MA), Manual Vacuum Aspiration (MVA), second-trimester abortion, and Postabortion Care (PAC) services and Post-abortion FP following National protocol and strict Infection Prevention and Control (IPC) and PPE guidelines.
2. To mobilize Female Community Health Volunteers (FCHVs) to provide information and referrals for Safe Abortion Services (SAS), including MA.
3. To mobilize trained health service providers from NGO and private sector for providing home-based MA services.
4. To provide distance Health Education through digital and call channels – on Safe Abortion Services to clients seeking information, service availability, options, drug regimen and symptoms of complication.
5. To provide information on availability of Safe Abortion Services by health service providers and counselors.
6. To allow all chemists and pharmacists licensed by the Department of Drug Administration (DDA) and licensed service providers to store and distribute MA drugs approved by DDA.
7. To promote MA self-care for MA service to reduce unnecessary health facility visits.

Following the endorsement of the guidelines, Ipas, FPAN, MSI, and PSI used various communication strategies to orient the stakeholders on the guidelines for the implementation in different contexts and with a diverse service delivery mechanism. The partners decided to collectively review the learning from the guideline implementation and generate evidence for a way forward. This brief contains the approach, learnings, and way forward.

[1]NHSSP III Report on lessons learnt from the orientation of Health workers and managers on Interim guidance for RMNCH services in COVID-19 Pandemic

[2]Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in COVID-19 Pandemic

[3]Reactivation of implementation of Interim Guideline for RMNCAH Services. FWD/RH Sub-cluster May 2021

Ipas HEALTH ACCESS RIGHTS NEPAL
FPAN Family Planning Association of Nepal
MARIE STOPES NEPAL Children by choice, not chance
psi Nepal

INTERIM RMNCH GUIDELINES ROLLOUT

Ipas	FPAN	MSI	PSI
412 health managers & service providers; 980 individuals from **local government**; 589 **FCHV's**; 96 **pharmacists; 148 civil society** members**; 2261 men and women** oriented	**150 service providers** of FPAN, **588 Gov service providers** from **6 districts** oriented from July2020- Dec 2020	**2529** health facility staff oriented from **410 health facilities** in **80 palikas** of **9 districts** through in-person and virtual meetings	**133 service providers** from private network facilities, **48 community mobilizers**, **795 pharmacies** and **170 government service providers** (Chitwan and Jhapa districts) oriented

PROCESS

Ipas	FPAN	MSI	PSI
Telemedicine consultation for SAS established in 5 health facilities (4 districts). FCHV Mobilized, **MA provided at home**, through **Outreach clinic** & **pharmacy. MA provided** through **Health Posts**	**Home based MA Services** **Services provided** through **Static clinics**	**MA Services outside of facilities** was provided by mobilizing trained providers from **MSI**	**Tele-consultation** for **MA services** initiated in 39 health facilities from July 2021. **MA services provided** through **static clinics**

REACH

Ipas	FPAN	MSI	PSI
115 MA services provided using **Teleconsultation** **PAFP** Uptake 94.8% (Oct 2020-June 2021) **1927 safe abortion services** provided in rural health posts of 11 districts **(July 2020-July 2021)**	**143 MA** services provided at **home (August 2020-July 2021)** **PAFP** Uptake **89.5 %** **8841 safe abortion services** were provided by static clinics **PAFP** Uptake **78 %** **(Aug 2020-July 2021)**	**Total Number of safe abortion services 2,194** (2,126 provided by MS ladies, 41 from clinics and 27 from mobile outreach clinics) **PAFP** Uptake 95% **2%) complication rate.** All the complications were managed free of cost. **(July 2020-July 2021)**	**3575 MA services** provided by Private network facilities **PAFP** Uptake**: 59%** (July 2020-July 2021) **Teleconsultation** started from network providers. **1856 pharmacies** were stocking and/or providing MA drugs **(July 2020-July 2021)**

LESSONS LEARNT

1. The RMNCH Guidelines using home-based MA through trained service providers emerged as a strategy to fill the gaps in the availability of safe abortion services for women and girls within a short amount of time since the pandemic began. The learnings gained from this strategy will be an opportunity to guide future programming to provide women and girls-centered services.
2. By leveraging telemedicine-consultation, trained service providers offered information and counseling on safe abortion services and post-abortion contraception to women and girls from remote geographies and health facilities with untrained service providers.
3. Teleconsultation was very helpful for increasing access to quality MA services, particularly in light of mobility restrictions as experienced during the COVID-19 pandemic.
4. Service provision and consultation with service providers at home ensured privacy for women and girls and minimized travel costs and time.
5. Female community health volunteers (FCHV) were provided Urine Pregnancy Test (UPT) kits and were mobilized in the community to connect with women and girls requiring early pregnancy detection. Women who tested positive with UPT and wanted to continue their pregnancy received counseling for Antenatal Care (ANC) services; those who wished to discontinue their pregnancy were linked using telemedicine consultation for Safe abortion services. Follow-up was done by the providers using the MA success checklist.
6. Telephone helplines and contact centers proved crucial in providing information regarding the availability of services during COVID-19. These centers and helplines provided counseling and support to access a convenient location for clients to access services during the pandemic/lockdowns through appointment bookings, referrals, and coordinating the delivery of MA outside of a facility.
7. Maintaining privacy was observed as a challenge for the provision of MA services through teleconsultation. When implementing teleconsultation, it is crucial to ensure privacy at all stages.
8. The operational research conducted for the interim RMNCH guidelines showed that services can be provided outside the certified facility by Comprehensive Abortion Care (CAC) providers, ensuring a continuum of care to manage complications. The service center followed up with women to assess women's satisfaction with services. Women and girls accessing MA services out of the facility were satisfied with the services.
9. Continuation of services (teleconsultation, home-based MA, MA self-care) by making the interim guidelines a permanent part of the SAS Guidelines will increase access to SA services, especially among vulnerable and marginalized women. This policy change will also ensure that the government and partner organizations are ready to respond rapidly to any crises or disasters to ensure the continuation of SRH services at times when women most need them.
10. The active engagement of partners helped in leveraging human and technical resources to strengthen safe abortion services and post-abortion family planning service delivery.

WAY FORWARD

As demonstrated by the experiences of Ipas, FPAN, MSI, and PSI, the strategy succeeded in addressing the needs of women and girls for SAS and FP through various service delivery mechanisms. The RMNCH Guidelines explicitly focus on providing essential RMNCH services by program managers and service providers. Public health surveillance, emergency health, and control plan, and enforcement fall under the local government. Hence sensitization programs of local government, civil society, local stakeholders on home-based MA, Telemedicine consultation, Abortion self-care need to be considered. Unequal power relationships between social groups in Nepal often exclude women and girls from marginalized communities from mainstream social, economic, and educational opportunities, intensifying barriers to information and technological skills to navigate information. To support and empower women and girls for abortion self-care, creative outreach strategies, dissemination of information, and ensuring the availability of comprehensive information to those most in need is required.