

STRENGTHENING THE HEALTH SYSTEM FOR SAFE ABORTION THROUGH PRESERVICE EDUCATION IN POSTGRADUATE COURSE (2019-2022)

- Around one in two unsafe abortions in the world takes place in Asia.¹
- Safe Abortion Service (SAS) provided by the trained health providers with quality care can prevent the untimely deaths and disability caused by unsafe abortions of the millions of women.
- The World Health Organizations (WHO) prescribes the ratio of 1:1000 that is one doctor for population of 1000 individuals.

BACKGROUND

Globally, 25 million women and girls undergo unsafe abortions; of which 8 million are carried out under, the most dangerous and vulnerable circumstances.³ Unsafe abortion contributes to 4.7%- 13.2% of maternal deaths yearly. Around one in two unsafe abortions in the world take place in Asia.¹ Unsafe abortions are not only dangerous to women but are also detrimental to the countries' economy with the annual costs of treating unsafe abortion estimated 553 million USD.

Following the countless maternal deaths due to unsafe abortions, Nepal legalized the Safe Abortion Service (SAS) in 2002. In 2018, the Government of Nepal further protected women, enacting legislation that recognizes seeking abortion as a fundamental human right with Safe Motherhood and Reproductive Health Rights (SMRHR) Act in place.

Doctor-patient ratio is defined as the number of physicians available per every 10,000 inhabitants in a population, in a given year, for a given country, territory, or geographic area. However, in Nepal Physicians (per 1,000 people) is reported at 0.8516 in 2020 (source: World Bank, March of 2023)

The national policy of Nepal mandates all health care providers including Obstetricians and Gynecologists (OB/GYN) to undergo SAS training and get certified to provide the service legally. This creates a gap in the service provision in particular for a country with limited human resources.



RATIONALE

Safe Abortion training is integrated into the MD residence for the following reasons:

1. To build the capacity of the residents and to help them learn new skills without compromising absenteeism and regular service delivery.
2. Cost-effective training approach.
3. Improving the coverage of abortion services in the country by developing a pool of certified providers.
4. Increase the number of SAS providers within the medical colleges for service provision.

What are the key initiatives taken?

1. Formative research

Prior to the integration of abortion training in MD residency, formative research was conducted with 66 residences of four medical colleges under three universities (Tribhuvan University Teaching Hospital-TUTH, National Academy of Medical Science-NAMS and Kathmandu university- KU).

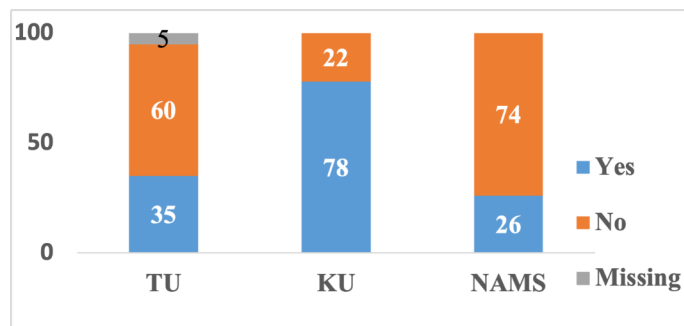


Fig 1: Proportion of participants aware of SA curriculum in postgraduate OB-GYN course

- The majority of the respondents (78%) from two medical colleges (Manipal -MCOMS and KMC) affiliated with KU were aware of SAS content in the existing curriculum. In contrast, only 35% of TUTH and 26% of NAMS were aware of SAS content in the curriculum.
- Total of 25 (52%) residents did not know about the process of provider certification.
- All the resident doctors responded that SAS should be integrated into the current postgraduate curriculum.

2. Leadership and Governance

Family Welfare Division (FWD) and National Health Training Centre (NHTC) took the lead for the advocacy and governance to integrate SAS into the residency program of Ob/Gyn. For the implementation, Ipas Nepal collaborated with the Nepal Society of Obstetricians and Gynecologists (NESOG) for the initial one year (2019).

Following tools/ guidelines developed:

- Facility assessment tools for quality improvement (QI): QI tool was developed in 2018 to assess the skill and facility readiness to initiate the program at each medical college in four core areas.
- Learning resource package for preservice training: Training package (Trainers Guide and Participants Handbook) developed in 2019 based on the National SAS Training Package where two hours sessions every day and hands-on practice was completed within one month. Thus, this training generally focuses on “low dose” and “high frequency” pedagogy of learning and improves knowledge retention and clinical behavior. In 2021 the Trainers Guide was revised to align with the new clinical evidence of the SAS training manual developed in 2021.
- Providers Logbook: It is to track the number of cases of each individual resident as a supporting document for the provider listing certificate after a one-month course

Preliminary workshop was conducted with five medical colleges for the need identification of integration of SAS in MD course where there were 17 participants. After implementation in five medical colleges in the initial stage, two workshops were conducted at different levels under the leadership of FWD and NHTC where 52 participants were enrolled. The key stakeholders were from Medical Education Commission (MEC), universities, Nepal Medical Council, NESOG and Medical College.

3. Enrolled Medical Colleges: Assessment and commodity support.

Assessment of each medical institute was conducted using the QI tool for the quality assurance and readiness of the service and program implementation. During the assessment, PMWH scored the highest in fulfilling most of the criteria/areas required for quality training.

Ipas Nepal supported providing the essential commodities as per the gaps identified to



Photo: Preliminary workshop participants



One year program implementation dissemination by NESOG

provide quality abortion service and training equipment and materials to all the seven implementing medical colleges.

Facilities		PMWH	KMC	TUTH	BPKIHS	MCOMS	GMC	PAHS
Areas	No. of Standard	Number Achieved (%)	Number Achieved (%)	Number Achieved (%)	Number Achieved (%)	Number Achieved (%)	Number Achieved (%)	Number Achieved (%)
Area 1: Minimum service standard for first trimester SAS								
Tool 1: Minimum service standard for SAS	13	11 (85)	10 (77)	8 (61.5)	9 (69)	7 (54)	8 (62)	10(77)
Area 2: SAS Clinical Skills Assessment Tool								
Tool 1: Counselling Skill Assessment for MA/Post-Abortion Contraception	9	9 (100)	6 (67)	6 (66)	6 (67)	8 (89)	8 (89)	8 (89)
Tool 2: Medical Abortion Service Provision for the – First Clinic Visit	12	12 (100)	10 (83)	10 (83)	10 (83)	11(92)	9 (75)	10(83)
Tool 3: Medical Abortion Service Provision–for the Second Visit to the facility (Misoprostol)	8	8 (100)	6 (75)	6 (75)	7 (88)	7 (88)	6 (75)	7(87)
Tool 4: Medical Abortion Service Provision for– Follow up visit	6	6 (100)	4 (67)	5 (83)	5 (83)	4 (67)	4 (67)	4 (67)
Tool 5. Counseling for MVA/ Post Abortion Contraception	10	10 (100)	5 (50)	6 (60)	7 (70)	10 (100)	6 (60)	7(70)
Tool 6: MVA Clinical Skills Assessment	31	31 (100)	25 (81)	26 (84)	23(74)	21(68)	26(84)	29(94)
Tool 7: Instrument Processing Skills Assessment: Ipas MVA Plus and Ipas Easy Grip Cannula	8	8 (100)	8 (100)	6 (75)	8 (100)	6 (75)	8(100)	8 (100)
Area 3: Assessment of the training site								
Tool 1: Training site assessment too	4	3 (75)	2 (50)	2 (50)	3 (75)	2 (50)	3(75)	3 (75)
Area 4: Management and record keeping								
Tool 1: Management and record keeping	6	5 (83.3)	5 (83.3)	5 (83.3)	4 (66.6)	1 (16.6)	4 (67)	5 (83)
Total score	107	103 (96)	81 (76)	80 (75)	82 (76.4)	77 (72)	82 (77)	91 (85)

Province	District	University/ Affiliation	Medical College	No. of residence/year	Year of Implementation	Total trained residence
		TU	TUTH	6-8	Jun. 9, 2019	25
Bagmati	Kathmandu	KU	KMC	4-6	May 16, 2019	15
		NAMS	PMWH	12-16	2019	62
Koshi	Sunsari	BPKIHS	B.P. Koirala Institute of Health Sciences (BPKIHS)	6-10	Jan. 1, 2020	23
		KU	MCOMS	1-2	Sep. 11, 2019	4
Gandaki	Kaski	TU	Gandaki Medical College (GMC)	4	Feb. 14, 2021	8
		PAHS	Pokhara Academy of Health Sciences	4	Jul. 16, 2021	10

4. Health Workforce Development

- Training of Trainers (TOT) was provided to 38 faculty in three batches to develop a pool of facilitators for preservice training in every seven medical institutes.
- Total of 147 MD OB-GYN residents have been trained for the first-trimester safe abortion service through preservice training. These health-care providers have been provided quality training to be confident and competent to provide comprehensive SAS service by the time they graduate.
- In total, 20 Ob & Gyn were provided with three days of training in five medical colleges (except PMWH and GMC).

5. Sustaining and strengthening medical college for preservice training

Ipas Nepal plays a crucial role in providing the basic support to initiate safe abortion training in its intervention medical colleges to integrate abortion training as part of the MD curriculum. It also provides technical guidance on linkage for conducting the training through NHTC and

getting the training certificate. After completion of the training, Ipas Nepal links medical college with FWD for the provider listing certificate before graduating.

Ipas Nepal envisions sustaining the training and empowering the medical colleges to provide regular training. Medical colleges are now conducting the training and initiating training certificates and provider listing certificates from the NHTC and FWD respectively. However, Ipas Nepal keeps on track on the need and support on need basis.

What are the challenges faced?

- As each universities have their own curriculum, uniformity in the curriculum is one of the key challenges.
- Need to go through lengthy process of integrating content in the existing curriculum.
- Public Private Partnership (PPP) Strategy for safe abortion training is missing as the SAS training as training is mostly focused in public health facilities and not much in private sectors (including medical colleges).
- Most medical colleges are unaware of the government logistic support system, data reporting etc.

- Few medical colleges were providing on job training but most of the participants have not received training certificates and provider listing certificates.

GALLERY



What can be the future direction?

1. Expansion of preservice training across all academic sites running MD curriculum for both OB/GYN and MDGPs. Pre-service also needs to be expanded in the curriculum of MBBS and Nursing.
2. PPP Strategy and co-creation model need to be envisioned for sustaining the program from both the public and private agencies for training, uninterrupted supply of commodities, recording and reporting, and strong monitoring system amongst others.
3. A mechanism must be created to self-sustain the practice of QI assessment at regular intervals in these facilities to track the progress to provide quality abortion service.
4. Strengthen the practice of data-driven decision-making, and generating evidence through quality research on the effectiveness of SAS integration in a pre-service curriculum which could enable further policy reforms, scaling up the training across the country and replicating the good practices to other countries.

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