

Enhancing the Ability of Women to Obtain Comprehensive Abortion Care and Prevent Unwanted Pregnancy

IPAS NEPAL PROJECT REPORT, JUNE 2017



Acknowledgments

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Ipas works globally so that women and girls have improved sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care. We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.

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“It took three decades to change the [abortion] policy, and we are now witnessing how that policy is being translated into programs. Nepali women today enjoy the reproductive rights that women in many countries in the world are still struggling to gain. There are gaps in implementation, but we are on the right track.” —Hon. Dr. Arzu Rana Deuba, Member of Parliament, Nepal



Background

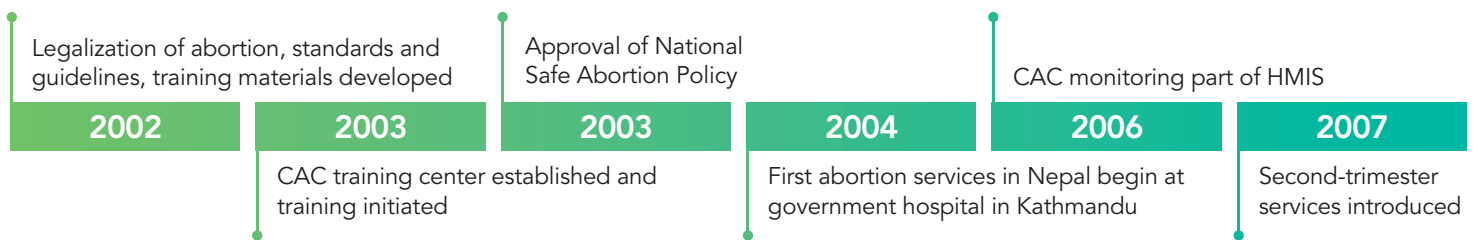
In March 2002, the Parliament of Nepal enacted landmark legislation granting women broad legal access to abortion. Lawmakers took this historic step in response to evidence of the detrimental effect of the previous restrictive abortion law on women’s health and rights, demands for reform from civil society, and in the context of a national effort to reduce maternal mortality.

After passage of the law and a period of comprehensive planning, the Government of Nepal (GoN) began working with local and international development partners to introduce and scale up safe legal abortion, with strong positive results. Safe abortion services began in 2004, and since then, more than 830,300 women have obtained high-quality, comprehensive abortion care. The majority of women also received contraceptive counseling and services to prevent subsequent unintended pregnancies. Greater accessibility of these critical services has helped avert maternal deaths and prevent unsafe abortion, while producing significant savings in health-care costs. Provision of comprehensive abortion care (CAC) has likely also contributed to the recent dramatic reduction in Nepal’s maternal mortality ratio, from 539 deaths per 100,000 live births estimated in 1996 to 190 deaths per 100,000 births estimated in 2014.

The 2002 law permits termination of pregnancy by authorized providers in the following circumstances:

- Up to 12 weeks gestation for any indication, by request
- Up to 18 weeks gestation in the case of rape or incest
- At any time during pregnancy if mental/physical health or life of the pregnant woman is at risk
- At any time during pregnancy if the fetus is deformed and incompatible with life

MILESTONES



Reproductive Health Challenges

Public health challenges in Nepal include its large population—approximately 29 million—widespread poverty and diverse terrain. Further complicating efforts to promote women’s reproductive health and rights are distinct cultural differences among different regions and between urban and rural areas, including in relation to women’s empowerment.

Preliminary data from Nepal’s 2016 Demographic and Health Survey (DHS) indicates important progress in key areas of reproductive health, but there is considerable need for further improvement. For example, 24 percent of currently married women reported unmet need for family planning. Unmet need was particularly high among younger women: 35 percent of those aged 15-19 and 33 percent of those aged 20–24.

Ipas Nepal’s Role in Implementing and Strengthening Safe Abortion Services

Ipas Nepal has been the GoN’s key partner in improving access to and quality of safe abortion for over a decade. Great strides have been made in improving technical capacity and increasing resource allocation as result of this partnership. Collaborating with the Family Health Division (FHD) since 2002 and establishing an official country office in 2008, Ipas Nepal has ensured the availability of medical abortion services in 39 of Nepal’s 75 districts and has established second-trimester services at 29 hospitals across the country. To date, Ipas Nepal’s strategy of engaging with national-level government officials on health systems and policy efforts has been fruitful—most recently resulting in the government’s approval of a free abortion services program, which allows for the provision of free abortion care to all women, including youth.

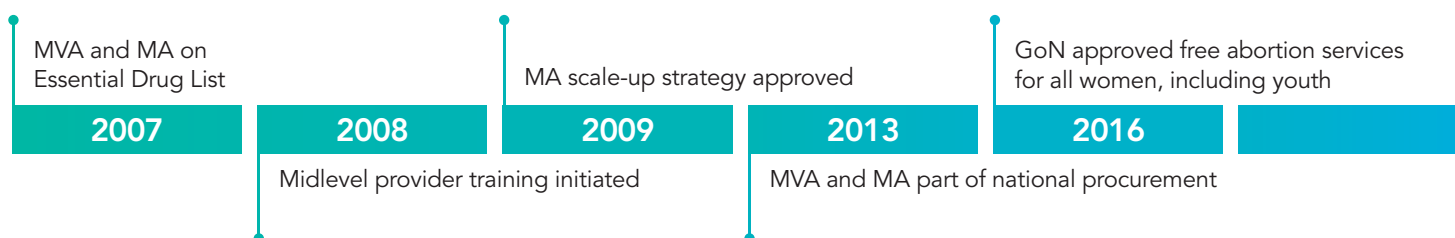


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Ipas Nepal’s experience has shown that a holistic approach to safe abortion programming in Nepal—including initiatives on health systems strengthening, community and youth engagement, policy advances, and research and evaluation—is the most effective way to meet the reproductive health needs of Nepali people, especially those marginalized and made vulnerable by stigma and discrimination, including, women and girls, young people, and people living in poverty. Future Ipas Nepal programming will continue a woman-centered approach to safe abortion services.

Project Description

“Enhancing the Ability of Women to Obtain Comprehensive Abortion Care and Prevent Unwanted Pregnancy” was a three-year project implemented between July 2014 and June 2017 in 23 districts across Nepal, with primary operations based in Kathmandu.



The overall goal was to **increase access to high-quality abortion services and expand the range of postabortion contraceptive options for women in Nepal**. Specific objectives were to:

- Ensure the availability of safe abortion services for women, including young women, by providing training on CAC and long-acting reversible contraception (LARC) and providing individual support to physicians and mid-level providers;
- Increase sustainability of safe abortion services by advocating to the Government of Nepal to fund and implement key components of safe abortion programming.

This report reviews principal strategies, key achievements and ongoing challenges to expanding Nepali women’s access to high-quality comprehensive abortion care.

Summary of Results

Expanding Access to Comprehensive Abortion Care

Ipas Nepal has used a phased strategy to build the capacity of the health workforce to introduce and then to scale up legal abortion, with emphasis on making care available at the primary-health care level through the public sector. The strategy involves **evidence-based incremental expansion of two key elements of service provision: the cadres of health personnel authorized and trained to provide abortion and approved clinical methods**. Ipas Nepal’s approach has aligned with the government’s national scale-up strategy for **medical abortion** (abortion with pills), which prioritizes making safe abortion available at Primary Health Care Centers and Health Posts in rural, remote and other under-served areas in all 75 districts.

Committed to ensuring that all women, regardless of age, marital, or socioeconomic status, can readily access comprehensive abortion care, Ipas Nepal expanded first-trimester services to 13 new districts and continued support in 10 districts. Districts and facilities were strategically selected to ensure maximum service coverage. All facilities were assessed for needs related to initiating or strengthening service provision. Following facility assessments, Ipas Nepal worked with the relevant authorities to prepare and upgrade facilities as needed.

In coordination with the National Health Training Center (NHTC), Ipas Nepal also improved women’s ability to access safe abortion services in the public sector through the training of health-care providers and training of trainers. These efforts included training on clinical/operational and youth/gender topics; building the capacity of training sites; and ensuring up-to-date, culturally appropriate training materials and curricula.



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This Ipas Nepal initiative has helped to provide comprehensive abortion care services for 46,316 women and avert 30,223 unsafe abortions.

The mother of an 11-year-old girl discovered her daughter to be seven months pregnant. The girl had been raped by a friend of her father, and the man had threatened her not to tell anyone. When she was taken to a safe abortion facility in the nearby district, she was turned away due to gestational age. She was then taken to a second-trimester facility with the support of a volunteer. The mother later thanked the second-trimester service provider for saving her daughter, who otherwise might have died due to pregnancy complications.

KEY ACHIEVEMENTS

- * 565 providers trained
- * 3,461 disability-adjusted life years averted
- * 80 percent of clients accepted a postabortion contraceptive method; 13 percent selected a LARC method

Another important element of Ipas Nepal's programming is **expansion of safe second-trimester abortion** services, also based on evidence of need and demonstration of feasible ways to address it. Working with the Family Health Division to increase the availability of second-trimester services, Ipas Nepal provides comprehensive clinical training on both dilation and evacuation (D&E) and medical abortion (mifepristone-misoprostol) to obstetrician-gynecologists and general practice physicians. Independent research published in the journal *PLOS One* has documented a decline in morbidity and mortality for women since the introduction of Nepal's second trimester program—and notes that “the steepest decline was observed after expansion of the safe abortion program to include midlevel providers, second trimester training, and medication abortion, highlighting the importance of concerted efforts to improve access.”

KEY ACHIEVEMENTS

- * 10 second-trimester facilities established; 29 received comprehensive support
- * 19 physicians trained to provide second-trimester services
- * 3,334 second-trimester services provided

Beyond Clinical Training

Nepal's national safe abortion program has relied on provider-specific adaptations of global **curricula** developed by Ipas, which are continually updated to reflect current guidance from the World Health Organization (WHO). With the aim of institutionalizing high-quality, sustainable abortion care services, curricula used address multiple issues beyond clinical skills for abortion, and postabortion care and contraception. These include:

- **counseling**, with emphasis on postabortion contraception;
- **management** aspects of abortion service delivery, including organization of services, supportive supervision, quality improvement and **supply logistics**;
- **recordkeeping and use of data** to strengthen service delivery;
- **legal literacy**, to ensure providers and other health-care workers are conversant in the provisions of Nepal's abortion law and their obligations under it, and can inform women accordingly;

- **women's rights** as a fundamental basis of care provision; and
- attention to the special **needs of youth**.

Ipas Nepal also **provides ongoing support to providers and health-care facilities**, designed to build confidence and competence and ensure long-term success. Components of this support include individual provider support from clinical mentors, provider support teams, whole-site orientations using Ipas's Values Clarification for Abortion Attitude Transformation (VCAT) methodology, use of the Client Oriented/Provider Efficient (COPE) approach, refresher trainings, regular monitoring and supervision, an annual provider networking meeting, and community awareness-raising activities.

These and other elements of ongoing support are thought to attribute to high provider performance: Ipas Nepal's analysis of facility logbook data indicates **89 percent of trained providers have gone on to offer safe abortion care after training**.

Reaching Communities

Ipas Nepal's **information, education and communication** efforts include a wide variety of activities designed to inform women and community members about provisions of the abortion law and where safe services are available. Working with the National Health Education, Information and Communication Centre (NHEICC), Ipas Nepal has created customized, district-level communication strategies and activities promoting awareness of safe abortion services, as well as methods to prevent pregnancy.

Mass-media initiatives that have been effective in increasing awareness include a nationally aired radio drama and community radio talk shows featuring content on pregnancy prevention, safe abortion, and sexual and reproductive health and rights. Radio ads, leaflets, posters, wall posters, street dramas and community interaction programs are other strategies used to inform communities. In addition, a highly visible campaign promoting a **safe abortion logo** (see photograph below), that is posted in and outside of approved abortion care facilities, has helped women find safe care.

KEY ACHIEVEMENTS

- * Safe abortion **public service announcements** aired over **130 FM stations** across the country.
- * Photovoice, a photography-based initiative, helped participants engage their local municipality and community based organizations in launching safe abortion awareness activities.

Female community health volunteers (FCHVs) play an important role in the national safe abortion program. More than 50,000 nationwide serve as the first point of contact with the health system for many women. As such, they are well positioned to inform women about pregnancy prevention, the dangers of unsafe abortion, the abortion law, and where safe abortion is available.



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KEY ACHIEVEMENTS

- * 5,821 FCHVs trained across 13 districts
- * FCHVs reported referring 57,770 women for CAC, antenatal care, or contraceptive services
- * FCHVs accounted for approximately 8 percent of referrals for safe abortion care

Focus on Youth

Young people (ages 10–24) make up one-third of Nepal’s population. According to the DHS 2011, fewer than 40 percent of young women aged 15–19 were aware that abortion is legal; those who did know abortion is legal, had low knowledge of the circumstances in which it is permitted. Ipas Nepal has worked to alleviate these and other obstacles as part of its commitment to adolescent sexual and reproductive health and rights.



PHOTOS © IPAS NEPAL

KEY ACHIEVEMENTS

- * Supported implementation of the National Adolescent Sexual and Reproductive Health program in 26 facilities, ensuring comprehensive **adolescent-friendly care**;
- * Launched the Partnership Defined Quality for Youth evidence-based approach in five districts to ensure the voices of the young people accessing abortion services were adequately heard and acknowledged;
- * Trained youth to conduct school based activities, including quizzes, street dramas, and peer group discussions, aimed at increasing knowledge of safe abortion and referrals to safe facilities;
- * Incorporated youth topics into training manuals, monitoring tools, and job aids.

Turning Policy into Practice

Since its inception, Ipas Nepal has supported the government in drafting and implementing safe abortion policies and guidelines and has positioned itself as an advocate for integrating safe abortion into the routine services of the government health system.

In August 2016, the government approved the provision of free safe abortion services to all women, including adolescents, marking the first time the MoH earmarked government funds specifically for the expansion of safe abortion. Ipas Nepal, with partner organizations, has proactively engaged the Family Health Division (FHD) to ensure the government’s policy commitments become a reality for the women of Nepal.

KEY ACHIEVEMENTS

- * Assisted the FHD to revise and distribute Safe Abortion Service Implementation Guidelines
- * Supported orientation on revised guidelines for public health officials, including clinical mentors, Public Health Nurses, and trainers
- * Inclusion of the use of misoprostol to treat incomplete abortion in the Safe Abortion Service Implementation Guidelines

- * Provided technical assistance in the drafting of the Comprehensive Act of Reproductive Health
- * Ensured an allocation of approximately \$350,000 by the FHD for safe abortion programming in 2017–18.

Research, Monitoring, and Evaluation

Since its inception, Ipas Nepal has been committed to the integration of safe abortion data into Nepal’s HMIS and access to timely information on service delivery for use in measuring impact and guiding program improvement. Ipas Nepal collects monthly client-level data, inclusive of women receiving abortion services, complications, and postabortion contraception services and methods, and participates in bi-annual district-level data review meetings, and regional and national reviews once a year.

Supplementing routine monitoring efforts, Ipas Nepal has designed, developed, and implemented numerous assessments to promote evidence-based decision-making.

KEY ACHIEVEMENTS

- * 100 percent of both mentees and mentors rated their participation in the clinical mentoring program as “good” or “excellent.”

“The training alone was not sufficient to build my confidence. Having a mentor is like having a guardian. Their support has helped me to perform better.” —Clinical mentee

- * Demonstrated abortion care can be safely provided by auxiliary nurse midwives, even in remote primary-level facilities; findings published in *The Journal of Midwifery and Women’s Health*.
- * Demonstrated participants in the peer education program were more likely to know the legality of abortion and were more likely to feel comfortable initiating discussing about abortion-related issues with friends; findings published in the *International Journal of Child and Adolescent Health*.
- * Implemented a mobile data collection pilot in two districts. An end line evaluation revealed the tool was helpful in collecting near to real time logbook data and alerted health-care staff to complications experienced by clients.
- * Disseminated lessons learned and best practices in international forums, including the International Conference on Family Planning, the International Congress on Women’s Health and Unsafe Abortion, and the International Confederation of Midwives.
- * Improved the availability of safe abortion services, infection prevention practices, and sense of community ownership, associated with COPE.

Women’s Perspectives

A woman-centered approach to comprehensive abortion care has yielded positive results in terms of women’s satisfaction with services, according to client exit interviews (CEIs), a tool used to assess women’s experience of **abortion care**. Ipas Nepal conducted CEIs annually, with a total of 384 clients at 45 randomly selected public-sector primary health-care facilities in seven districts.



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Objectives of CEIs:

- Explore the level and source of knowledge on SAS
- Assess women’s perception on availability and quality of SAS
- Assess the availability and acceptance of post-abortion FP methods
- Understand the perception of young women regarding the attitude of providers
- Explore perception of clients on stigma surrounding abortion

Client responses on experience with care

		%
Counseling on different types of procedures available	YES	91.2
Procedure explained clearly in an understandable way	AGREE	99.2
Allowed to express concerns in own words	AGREE	94.4
Welcomed and made comfortable	AGREE	95.2
Treated in non-judgmental and open-minded manner	AGREE	93.6
Provided counseling on contraception	YES	99.2
Received contraceptive method	YES	62.4
Method received according to choice	YES	93.6
Overall satisfaction	SATISFIED	92.8

Challenges and Recommendations

Despite impressive gains in little more than a decade, there are pervasive challenges that can impede progress if left unaddressed:

- Especially in rural and mountainous areas, many women still have difficulty accessing legal abortion care. Continued **expansion of service availability and accessibility** should be a high priority for the government and its partners.
- Women’s and communities’ knowledge of the dangers of unsafe abortion, the legal status of abortion, and where and how to obtain contraception and legal abortion is still unacceptably low. Continued support of **mass-media and community-based IEC efforts, linked to the health system**, is needed.
- **Abortion-related stigma** is a barrier to safe abortion care, both within communities and within the health system, making the need for and **social and behavior change communication** stronger. Continued emphasis in training on nonjudgmental treatment of women and wider application of values clarification and attitude training methodologies are also needed.
- Expanding the number of community-based health-care providers trained and authorized to provide medical abortion will be important, including through medical abortion-only training. In urban areas, especially, many women seek **medical abortion outside the formal health system** from medicine sellers. The government should take action to ensure that they can do so safely and effectively.
- **Postabortion contraceptive services should be strengthened**, including training to enhance providers’ skills, emphasizing the importance of respecting women’s choices, and ensuring adequate commodity supply systems, including availability of a full method mix.
- **Domestic spending on safe abortion services should be increased**, ensuring full implementation of the free abortion services program.

Going forward

Ipas Nepal will work with the Government of Nepal, communities, civil society and the private sector to make high-quality abortion care available to women and youth—and to ensure they have the information and ability to fully realize their reproductive rights and needs.

A CALL TO ACTION

“Our work with the Government of Nepal and partner organizations continues to make legal abortion services available to women who otherwise would have resorted to unsafe abortion procedures, while also helping many avoid future unwanted pregnancies,” says Dr. Shibesh Chandra Regmi, Country Director for Ipas Nepal. “These efforts are life-saving, and must not only be continued in the years ahead, but strengthened and expanded.”



