

1. The recent study conducted by Ipas Nepal reports the total incidence of induced abortion cases in Nepal to be 333,343 for the year 2021. <sup>[1]</sup>
2. Only 48 percent of abortion services were provided from the listed (legal) sites and providers. <sup>[1]</sup>
3. The estimates showed that total facility based induced abortion in Nepal was 176,216 in 2021, more than half were medical abortions. <sup>[1]</sup>
4. In fiscal year, 2077/78, almost three-fourths (72%) of abortions were Medical Abortion (MA) and a portion of women using PAFP was higher in women who received MA (58.6%) than women who received surgical abortion (18.1%). <sup>[2]</sup>
5. According to the NDHS 2016 report, almost 7 in 10 abortions were MA. Among those who had MA, the majority were rural residents and women with no education (76% each). <sup>[3]</sup>

## Background

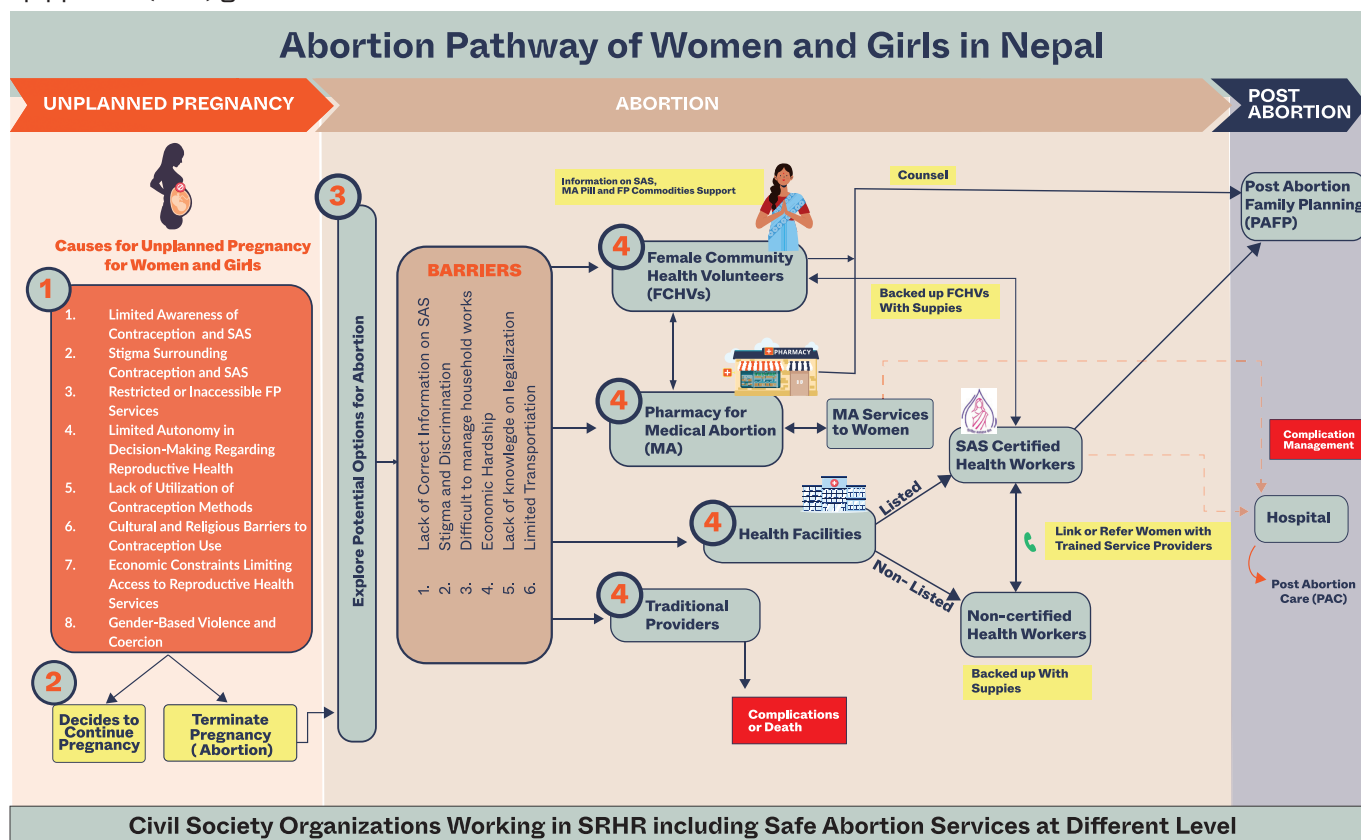
Abortion was made legal in Nepal in September 2002. Since March 2004, the Government of Nepal (GoN) has provided comprehensive abortion care services. Safe Abortion Service (SAS) up to 12 weeks gestational period with women's consent has been listed in the Basic Health Service Package, 2075. <sup>[4]</sup> On 21<sup>st</sup> May 2020, the GoN endorsed Interim guidelines for Reproductive, Maternal, Newborn, and Child Health (RMNCH) Services during the COVID-19 Pandemic <sup>[5]</sup> which includes guidance on SAS such as:

- Induced safe abortion and Post Abortion Care (PAC) services including post-abortion contraception will be provided as per the National protocol and strict Infection Prevention & Control (IPC) and Personal Protective Equipment (PPE) guidelines followed.

- Female Community Health Volunteers (FCHVs) will be mobilized to provide information and referral services for SAS including MA.

- Trained health service providers from NGOs and the private sector can be mobilized to provide home-based MA services.

The tele-abortion service can be an effective service, particularly for countries like Nepal which experience geographical barriers, disruption in services due to climatic events, limited access to safe abortion sites, and practice of highly unsafe abortion. Multiple studies including systematic reviews conducted across the world comparing tele-medicine service versus in-person service suggest that tele-abortion services are safe, clinically effective, have a low mean waiting period, low mean gestational age, and have high client satisfaction. <sup>[6-10]</sup>



## Tele-abortion Service in Nepal

After GoN endorsed the RMNCH interim guideline, Ipas Nepal took the lead in implementing tele-abortion in its intervention in Palika with close coordination with the local government. For the intervention, Ipas Nepal developed a gestational wheel to determine gestational age, a follow-up questionnaire to track any providers' constraints, and a separate data format to track the services. MA self-care brochure was also developed in collaboration with the National Health Information, Education and Communication Centre (NHEICC).

In September 2020, Ipas Nepal coordinated to intervene with three Municipalities and expanded the service to two more Municipalities in Nov 2021. A Memorandum of Understanding was signed with them. The tele-abortion (MA) services were implemented in:

1. Bhirkot Municipality- Syangja
2. Arjunchaupari Rural Municipality- Syangja
3. Chulachuli Rural Municipality- Ilam
4. Sitganga Municipality- Arghakhanchi
5. Budhiganga Municipality- Bajura

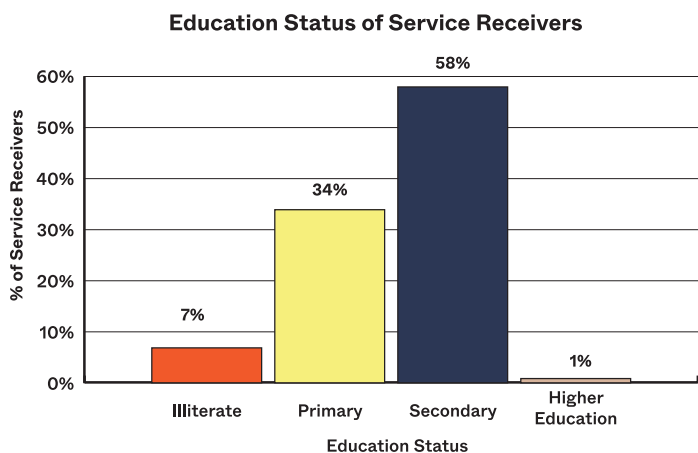
In both phases, orientation was provided to the Health Coordinator, FCHVs, and service providers from the certified and non-certified health facilities. Any beneficiaries reaching out to the FCHVs or providers from non-certified health facilities are linked with the trained and certified MA providers in the municipalities who provide the counseling before the service. Ipas Nepal also oriented pharmacists from private pharmacies and clinics on harm reduction packages including legal drugs, basic information to women before handing over the drugs, and side effects and potential complications.



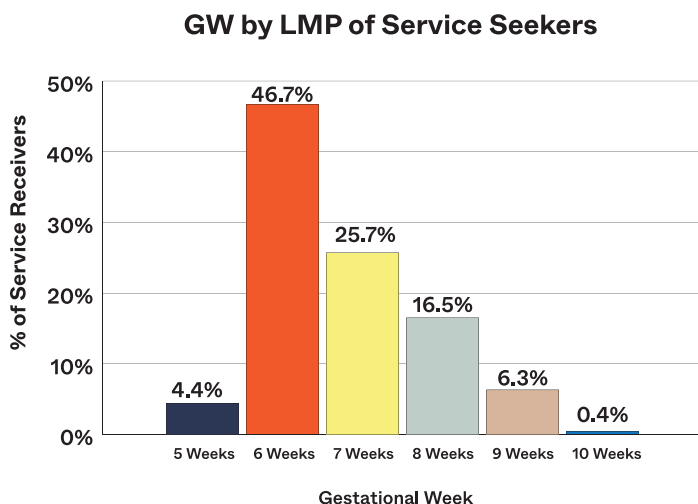
Fig: FCHVs Learning to Use Gestational Wheel

## Findings

In total 272 service seekers were provided MA services through tele-abortion from five municipalities from its intervention until December 2022. The majority (90%) of beneficiaries receiving the service were of age above 20 years.



Higher proportion (58%) of women with secondary level education reached for tele-abortion service.

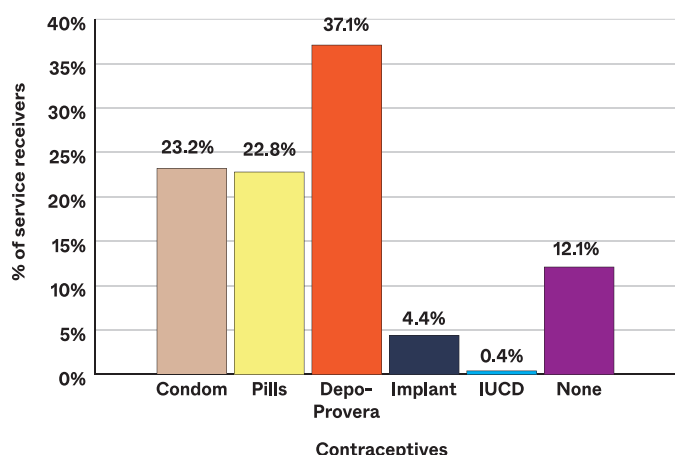


Almost half (46.7%) of the service seekers received MA service through tele-abortion in their sixth week of gestation.

Around four-fifth of the women received post-abortion contraception where Depo-Provera were the preferred method. There were 12.1% women who did not choose any contraceptive method.

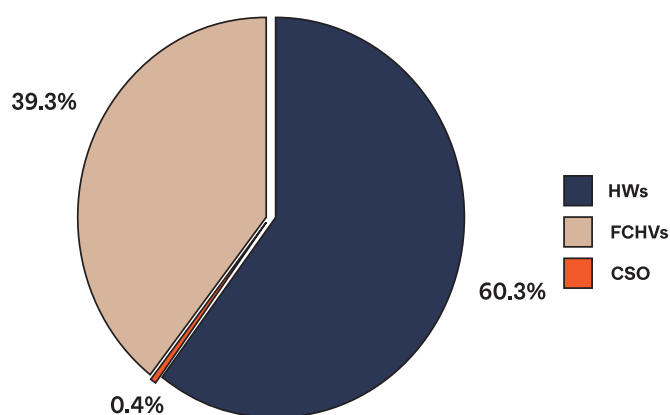


Accepted Method of PADP



Ninety-nine percent of women receiving tele-abortion service were followed up using MA success checklist within a week of service to ensure the completion of abortion service. While follow-up 0.73% women were reported of complication (incomplete abortion).

Person Who Linked Women to Service Provider



More than one third of abortion service seekers were linked by FCHVs and more than half (60.3%) linked by non-certified providers which might add to the evidence that mobilization of the available human resource could be beneficial in accessing the women in basic health service.

## Key Learnings and Outcome

### 1. Accessibility of Safe Abortion Service

Tele-abortion has made the service more accessible to the women in difficult topography, can be a modality for accessing abortion service as a part of self-care in humanitarian settings, and in the remote areas where abortion service is not accessible or available.

### 2. Reduces Systemic Barriers

Tele-abortion services have embraced a cost-effective solution to utilize the available human resources especially in the rural areas where there is shortage of human resources in health and during humanitarian crisis.

### 3. Tele-Abortion Is Safe, Effective and Has High Satisfaction Among Women Seeking Service

Tele-abortion is safe and effective with minimal complication even without conducting any bimanual examination. Service seekers can be counselled on self-monitoring for completion of abortion and for post abortion contraception to prevent unintended and unwanted pregnancies.

## Recommendations

- Generate evidence on the acceptability and feasibility of tele-abortion to support policy advocacy.
- MA self-care through tele-abortion in Nepal should be expanded as part of regular MA self-care program moving beyond the pandemic context.
- The certification of health facilities and providers needs to be lifted as per the RMNCH policy which has hampered for accessing abortion services including MA self-care.
- Revision of Right to Safe motherhood and Reproductive Health Regulation and Safe Abortion Service Program Management Guideline for inclusion and implementation of self-managed abortion care including tele-abortion.
- Common understanding and synergies among key stakeholders to lobby and advocate for the implementation of self-managed abortion in Nepal
- Trained health care providers to facilitate increased adoption of SRH self-care
- Increased community engagement and mobilization of community leaders to inform community about SRH self-care and its importance for better access to SRH self-care.
- Mobilizing the private sector such as pharmacies to adopt the harm reduction model for MA services.
- Review, revive, ensure drug quality and delivery of existing government listed MA combi-pack as per the WHO standard.



*Fig: MA Self Care Review and Reflection Together With Participants From Intervention Municipalities*

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Established in 2002, Ipas Nepal is an International Non-government Organizations (INGO) which works on Health System and Policy, Women-led Climate Justice, Gender-Based Violence Prevention and Response, Agency and community, and Humanitarian support. Ipas Nepal's focus area includes Safe Abortion, Contraception, Gender Based Violence, Community mobilization, and Climate change, gender, and Sexual and Reproductive Health and Rights (SRHR).

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