A BETTER PLACE FOR WOMEN:
Abortion care in Nepal a decade after law reform

The expansion of safe abortion care across Nepal is one of several strategies that helped Nepal nearly halve its maternal mortality ratio in the last decade, reducing the number of women who die from pregnancy-related complications from 539 to 281 per 100,000 live birth in 2006 and further 281 to 229 per 100,000 live births in 2009 (based on eight districts findings). Working collaboratively and drawing from public health evidence, the Nepali Ministry of Health, in collaboration with Ipas and other partners, have established more than 400 public and private service sites throughout the country, giving women unprecedented access to safe abortion services. Thousands of providers have been trained in safe abortion care. Now, in just 10 short years, comprehensive abortion care, is available in all 75 districts throughout the country. Nearly 500,000 women have had safe, legal abortion and contraceptive counseling since legal reform and implementation—a stark contrast from a not-so-distant past in which women were imprisoned for abortion, half of all hospital admissions were due to complications from clandestine abortions, and hundreds of women, without access to safe abortion care or postabortion care, died each year.

Women suffering

Before 2002, abortion was illegal. Nepal was one of a few countries in the world to prosecute and send women to prison under charges of infanticide for abortion. The legal code, the Muluki Ain, banned abortion except when the mother's life was at risk and essentially equated abortion with homicide. Before 2002, up to one-fifth of women in Nepali prisons were convicted on charges of illegal abortion. This injustice was compounded by very limited access to contraception and high rates of unintended pregnancy.

The ban on abortion was at the root of widespread negative health effects. By 1994, the abortion rate was roughly 117 per 100,000 women; the maternal mortality ratio was 539 deaths per 100,000 live births, and a huge proportion of these deaths were attributable to unsafe abortion.

In a country with nearly 28 million people and extremely rugged terrain in many areas, providing health care to all citizens is challenging. Before 2002, reproductive health care, including safe abortion, wasn't just a challenge but more a void.

Recognizing that women were suffering and dying because of unsafe abortion, the Ministry of Health and Population (MOHP)—with assistance from non-governmental (NGO) partners—began improving the quality and availability of emergency postabortion care. These efforts materialized in conjunction with the country's ongoing Safe Motherhood program. Over time, the country grew more aware of the negative impact of unsafe abortion on women's health and lives, and of access to safe abortion as fundamental to women's rights. The MOHP, with multi-sectoral support—particularly from civil society, pushed for and passed reform of the restrictive abortion law. In 2002, the Muluki Ain 11th Amendment Bill, a gender equality bill that included language liberalizing access to abortion, passed.

Collaboration is key

Following law change, safe abortion introduction and scale up were speedy and successful, thanks to motivated partners and strong leadership from the

"One of the key success factors of the safe abortion program in Nepal is strong government leadership and full integration with the Safe Motherhood program. That means the health system is being accountable from the very early implementation phase," says Ipas Nepal Country Director Indira Basnett.

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MOHP. To guide implementation of the new law, the MOHP's Family Health Division (FHD) created the Abortion Task Force (ATF), which pulled together Ipas and partners, many of whom had participated in advocacy for legal reform and related Safe Motherhood efforts. With evidence from countries such as Vietnam and India, the ATF drafted a National Safe Abortion policy describing strategies to reduce unsafe abortion by increasing access to services. The official policy was adopted in 2003 and truly integrated safe abortion within Safe Motherhood efforts.

The Safe Abortion Advisory Committee, which exists today to oversee implementation of policies and provide recommendations to policymakers and partners on advances in safe abortion care, grew out of the ATF and early work to implement the abortion law.

Essential elements of success

National scale-up of safe, legal abortion has involved deliberate attention to important areas affecting the provision of safe abortion, such as policy, training and information.

Policy

Well-planned scale up and phased expansion of abortion services has resulted in standards for authorizing public-sector abortion care facilities, clinical procedures and provider eligibility. Providers' familiarity with manual vacuum aspiration (MVA) from their postabortion care training facilitated rapid expansion of first-trimester induced abortion services. A 2009 study sponsored by WHO and the Center for Research and Environmental Health and Population Activities illustrates that medical abortion has been pivotal in decentralizing services in Nepal, allowing women in rural areas in particular to obtain safe abortion care.

In 2006, a national facility-based survey found that 13 percent of women seeking abortion were turned away because they were more than 12 weeks pregnant. Advocates and policymakers developed a strategic plan for second-trimester abortion based again on thorough review of global evidence and experience. In 2007, the MOHP endorsed the plan.

The private sector has been a partner throughout the safe abortion implementation process. Marie Stopes International Nepal and the Family Planning Association of Nepal clinics provide much of the services outside the public sector, along with some private hospitals, clinics and practices. Private-sector providers fill an important role in serving women in urban areas, whereas public-sector facilities serves primarily poor and rural women, who make up more than three quarters of the country's population.

Training

Training, supervision and monitoring have been integral components of safe abortion care. Ipas has played a key role; developing a curriculum focused on clinical procedures, counseling, postabortion contraception and facility functionality. In just one year of training (2004-5) provider coverage reached up to 60 facilities in 37 districts.

The training now includes not just gynecologists but nurses and auxiliary nurse midwives, who have helped expand and decentralize services.


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86%

of the population lives in rural areas and is served primarily by public hospitals.

Information

Ipas and other partners in Nepal's safe abortion efforts have used a variety of information, education and communication methods to generate knowledge about the availability of legal abortion.

One key innovation has been the development of a safe abortion logo which provides a visual designation for facilities that offer safe abortion services. It's displayed at all comprehensive abortion care sites and has been incorporated in educational materials and community-focused programs—which has helped non- or low-literate women identify where to find safe services.

Reaching women in remote communities is important. The Department of Health Services, Family Health Division has been training rural women to administer basic health services and counseling for decades; there are now more than 50,000 Female Community Health Volunteers (FCHVs) working throughout the country. As these volunteers are perfectly situated to advise their communities on safe abortion care, in 2009 Ipas and the Family Health Division developed a two-day training in which more than 9000 FCHVs have now participated. The program teaches techniques for performing urine pregnancy tests, the legal conditions for safe abortion in Nepal, the consequences of unsafe abortion, and how to refer women for reproductive health care. In addition, Ipas and PSI have trained local pharmacists to provide women with knowledge about medical abortion, referrals to abortion services and information of indications for legal abortion.

Partners have also reached out to communities through evidence-based discussion groups and a serial radio drama to create communication around sexual health and to challenge stigma of abortion.


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Due to the nature and geography of Nepal, for many women health posts are their only reasonable level of available health care. These health posts are staffed by auxiliary nurse midwives, not doctors. For this level of facility, the Ministry of Health and Ipas now train staff nurses and auxiliary nurse midwives to provide safe, induced abortion with medical abortion, says Meena Kumari Shrestha, Ipas Nepal training and service delivery associate and nurse midwife.

"I'm very proud to be a midwife. We are doing so much in Nepal," says Shrestha.

Ranju Sapkota, a Female Community Health Volunteer (FCHV) in rural Nepal's Kavre District, says a two-day training on how to evaluate and refer women for safe abortion care has made a huge difference in her ability to help her community.

"We didn't know about the safe abortion law," Ranju says. ***"I myself have heard about the suicide case of an unmarried girl who was pregnant,"*** she adds, emphasizing the importance of her work disseminating information on how to access safe abortion care.

"We start with a real story of abortion and integrate that into the full spectrum of reproductive health care," says Anuja Singh, Ipas Nepal community access coordinator. ***"There is still a lot of stigma in the communities about abortion, so we work with the FCHVs on how to talk about it."***

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The comprehensive efforts to reform Nepal's abortion law and to launch—and sustain—an integrated safe abortion care system have produced remarkable results. The government has backed the program fully and abortion is part of the nationwide Safe Motherhood effort. Care has been decentralized, so women in mountainous and remote areas have greater access. All of Nepal's 75 districts have comprehensive abortion care. As of December 2011, more than 1600 health-care providers had been trained in safe abortion care and 532 sites were authorized to provide safe abortion services. And since 2004, more than 500,000 Nepali women had received safe, legal abortion and contraceptive services.

Looking toward the future

The diverse partnership, led by the government with members from international and local NGOs, advocacy groups and private partners has ensured that the process has been comprehensive and broad-based. Challenges remain, however. Access in the most remote areas is still limited—some women face a three- or four-day walk from some villages. And to meet the need for access, there must be enough providers trained. High staff turnover, overburdened hospital training sites and ability of existing providers to leave work for training contribute to delays for women.

The U.S. government's Helms Amendment also hinders full implementation of nationwide safe abortion services by restricting the use of resources associated with USAID-funded programs.

Partners in this long-term effort continue to work toward access for all Nepali women. The government and its partners, including Ipas, are also working to improve monitoring data on abortion services as well as information on the impact of abortion provision on reducing unsafe abortion and related morbidity and mortality.

In the span of just a decade, the government of Nepal and a diverse array of partners and stakeholders have successfully implemented a nationwide safe abortion program that has made an impact on public health. Years of evidence-gathering, advocacy, systematic planning and effective coordination have turned into years of progress. Such progress significantly contributes to the well-being of Nepali women, their families and their communities.

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