



# Expanding Horizons

Making Safe Abortions a Reality



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# Saving Women's Lives

Ipas Nepal provides technical support to the Family Health Division/Department of Health Services/Ministry of Health and Population on implementation of the National Safe Abortion Program. Ipas Nepal also facilitates the work of the Technical Committee for the Implementation of Comprehensive Abortion Care (TCIC) in scaling up services in Nepal's 75 districts. As a result of the public/private/NGO partnership successfully demonstrated by the work of TCIC members, more than 600,000 women across Nepal have been able to access high-quality, comprehensive abortion care services since March 2004 (HMIS, DoHS, MOHP).

Ipas Nepal has played a critical role in the introduction and expansion of safe abortion services in Nepal since 2002 when abortion was decriminalized. Our efforts focus on preventing deaths and injuries due to unsafe abortions by increasing access to safe abortion and contraceptive services, especially in remote areas. In part due to the resulting decrease in unsafe abortion, Nepal experienced a steep decline in maternal mortality: between 1996 and 2010, from 539<sup>1</sup> to 170<sup>2</sup> per 100,000 live births. There has also been a decrease in subsequent unwanted pregnancy.

Between July 2011 and December 2013, we estimate that services provided in Ipas intervention facilities averted 50 maternal deaths, more than 22,000 unsafe abortions, and saved more than \$450,000 in direct health-care costs.

1. Hussein J, Bell J, Dar lang M, Mesko N, Amery J, et al. (2011) An appraisal of the maternal mortality decline in Nepal. PLoS ONE 6(5): e19898. doi: 10.1371/journal.pone.0019898

2 WHO UNICEF, UNFPA, The World Bank. (2012) Trends in Maternal Mortality: 1990 to 2010



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# Facilitating National Initiatives

In Nepal, Ipas and other partners worked closely with the Ministry of Health and Population (MOHP) over many years to draft and pass the Muluki Ain 11th Amendment Bill in 2002 containing language to liberalize access to abortion. Subsequent to passage of the Amendment, Ipas participated in an Abortion Task Force (ATF) formed to draft a national safe abortion policy and assist the government in translating this policy into a legal procedural order indicating rules, regulation and responsibilities for implementation of abortion care. The ATF was eventually replaced by the TCIC, a group of partner organizations coordinated by the Family Health Division. Ipas provides ongoing technical expertise to the TCIC.



# Expanding the Provider Base

In 2009, abortion services were limited to physicians and staff nurses using manual vacuum aspiration. With Ipas's technical leadership, the MOHP embarked on a path of sequential evidence-based strategies to expand the pool of eligible CAC providers. In Nepal, due to a shortage of medical doctors especially in rural district headquarters and villages, women were not able to receive abortion services. Realizing the situation, Ipas conducted pilot projects and supported integration of successful new initiatives into the government's training program. First, nurses and midwives were authorized and trained to provide postabortion care (PAC), equipping them with the expertise and experience with manual vacuum aspiration (MVA) needed to transition into induced abortion care. Next came introduction of medical abortion (MA) up to nine weeks gestation by both physicians and staff nurses. The current initiative to train ANMs in MA has further expanded safe abortion services to the primary level. By incrementally expanding the cadres eligible to provide abortion, the government facilitated a growing provider base for safe abortion services. With Ipas support, this has led to rapid decentralization of abortion services, even to rural and remote areas.

As of December of 2013, more than 500 ANMs have been certified to provide MA across 27 districts.



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**Training includes didactic topics, hands-on practice with pelvic models and supervised direct patient care.**

# Provider Training

Clinical skills, woman-centered counseling and emphasis on provision of postabortion contraception are integral components of safe abortion care training. Ipas Nepal has played a key role in developing a training curriculum to be used with diverse cadres of health-care providers (physicians, staff nurses and ANMs) and adapting materials for combined and stand-alone training in MVA and MA. In addition, Ipas has expanded the MA curriculum for ANMs to include implants, assuring that women will have a long-acting contraceptive method option as part of safe abortion care. The training curriculum includes a variety of learning strategies: didactic lecture, group participation and discussion, practice with pelvic models, and supervised patient care. Values clarification activities are integrated into training, and pre- and post-training tests (both written and observation checklists) are used to ensure providers are clinically competent to provide abortion care before certification. In addition to curriculum development, Ipas also has worked with the National Health Training Center (NHTC) to build training capacity through minor facility upgrades, provision of pelvic models and other educational materials and regular updates to master trainers. As of December 2013, there are 12 NHTC CAC training centers across the country.

## Pre-Training

- Orientation to district stakeholders
- Mapping abortion services
- Assess and select facilities and providers
- Provider agreements in place
- Nominate providers to NHTC for MA training

## Training

- Theoretical content
- Practice with pelvic model
- Supervised clinical skills practice
- Clinical skills assessment before certification
- Provider listing

## Post-Training

- Provider support team
- Whole facility orientation
- Clinical and programmatic support
- COPE (Quality Improvement)
- Annual networking meeting
- FCHV orientation
- Refresher training
- Regular monitoring and supervision

# Comprehensive Training Support

***With comprehensive post-training support, 94 percent of trained providers go on to offer safe abortion services.***

With the support of the MOHP, Ipas Nepal introduced an innovative comprehensive training and support strategy designed to not only equip individual providers with clinical skills for provision of MA, but also to create an enabling environment for the providers' success through specific pre-training, training and post-training activities.

Ipas Nepal has developed a multi-faceted post-training support model that is integrated into the existing health system. Components of the post-training support model include creation of a provider support team, whole site orientation, programmatic and clinical monitoring visits, COPE (a performance improvement strategy), annual networking meeting, and community awareness-raising activities. These efforts have contributed to increased service provider confidence and competency to provide CAC services following national guidelines and protocols.





# High-Quality Second-Trimester Services

In collaboration with the MOHP, Ipas Nepal has worked to increase the availability of safe second-trimester abortion services, both surgical (dilation and evacuation, D&E) and medical (mifepristone-misoprostol, MA).

Prior to the training, minimum requirements and provider eligibility assessments are conducted along with whole-site VCAT orientation.

Second-trimester abortion provider training is based on Ipas's Clinician's Guide for Second Trimester Abortion, a global curriculum the Ipas Nepal team updated and adapted for the local country context, and the 2012 World Health Organization (WHO) Safe Abortion Guidelines.

Key topics covered in the trainings include: legal issues related to abortion in Nepal; client assessment; procedure counseling; D&E technique and instruments; medical induction; complications; pain management; infection prevention; reporting of services, including adverse events; contraceptive counseling; recovery and follow-up care. After the training, providers are followed through phone and in-person visits by clinical mentors.

As of March 2014, overall, 54 providers have been trained in D&E service provision and currently the service is being provided at twenty-four (24) sites.



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# Linking Women and Safe Abortion Services

Established in 1988, the Female Community Health Volunteer (FCHV) program now has more than 50,000 motivated community-level volunteers and is managed by the Family Health Division (FHD) in the MOHP. The mission of the FCHV program is to disseminate health-related messages, make referrals for services and provide treatment for minor illnesses. Often, FCHVs are the first-line of contact with community members, particularly women. Since 2007, Ipas has been involved in supporting FHD in mobilizing FCHVs in the field of safe abortion, a crucial component in improving safe abortion-related awareness and avoiding unsafe abortions. Ipas Nepal provides training for FCHVs in early pregnancy detection and referral, community education about safe abortion and referral for comprehensive abortion care, and contraception.

Since 2007, more than 15,000 FCHVs have received training from Ipas Nepal and roughly 100,000 women have been referred for reproductive health services by FCHVs.

“Now I have learned to perform urine tests to detect pregnancy,” says FCHV Ranju Sapkota. She can use this early pregnancy detection service to counsel women on their reproductive health-care options, such as family planning and safe abortion services offered by the Nepali government.



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# Empowering Communities

In an effort to take safe abortion-related messages to the wider population, Ipas Nepal focuses on the following approaches:

- Close coordination with the National Health, Education, Information and Communication Center (NHEICC)
- District-level assessment for strategy and activity design
- Translation of IEC/BCC materials into local language
- Capacity building of local level NGOs to disseminate information

One example of such work is “Dojiya,” a radio serial drama produced by Ipas Nepal and aired by national radio of Nepal, Kantipur. “Dojiya” is the Nepali name given for pregnancy. The drama consisted of 28 episodes covering menstruation, conception, avoiding unwanted pregnancy, use of contraceptive methods and safe abortion. The main objective was to raise awareness in the community, particularly for reproductive age women, of safe abortion and where to get safe abortions. In addition, Ipas Nepal has run radio ads, produced a community radio program, published leaflets and posters, conducted street dramas, community interaction programs, and disseminated messages through wall paintings.







# Enhancing Youth Capacity

In Nepal, young people (age 10–24 years) comprise 33 percent of the population. Despite improvements in maternal health, young people still face many socio-cultural and institutional barriers in accessing sexual and reproductive health services and exercising their rights.

To improve the knowledge, attitudes, and skills of young people in accessing sexual and reproductive health services, including CAC, Ipas Nepal has partnered with organizations serving youth to train more than 2,000 young women and men, ages 15 to 24, as peer educators on safe abortion and other sexual and reproductive health issues in Kailali and Rupandehi districts. In addition to providing peer education, they bring the issues of safe abortion access and SRHR to the wider community by organizing street dramas, health fairs and oratory contests.

At the health facility level, Ipas Nepal, in partnership with local government stakeholders, has oriented health facility staff, community leaders, and female community health volunteers (FCHV) on adolescent reproductive health and youth-friendly services. Quality improvement teams consisting of peer educators and adults were also created at select health facilities to strengthen youth services. Working with young people as partners to address barriers to comprehensive abortion care is an important strategy that Ipas Nepal plans to continue to use in other districts.



# Women's Voices

Ram Maya Tamang already had five children when she discovered she was pregnant. She shared that she would have nightmares about having another child.

"I would feel stressed in my dreams and upon waking. If I had given birth to another child it would have been an extra burden to me. I could not have afforded the child's education costs or even food expenses," she says.

She chose to have a medical abortion. Because of the work of Ipas and the government of Nepal together, she was able to make that choice—for herself and for her family—safely.

"Now I am very relaxed and very happy," she says.



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# Building Evidence for Policy and Action

Since formation of the TCIC, Ipas has been actively involved in the implementation of demonstration projects that are used to provide evidence for policy change at the national level.

Ipas evidence has been used to expand the variety of abortion technologies available in Nepal. For example, Ipas Nepal led the introduction of MA in six districts in 2009; findings from this project were used to expand MA provision by nurses and doctors to all 75 districts of Nepal. More recently, we conducted a feasibility study of medical induction for second-trimester abortion, which has the potential to expand second-trimester abortion services to more facilities. In addition, we coordinated a feasibility and acceptability study using misoprostol for postabortion care in Nepal.

We also provide evidence on the effectiveness of monitoring strategies. Between 2012-2013, Ipas implemented the Safe Abortion Care (SAC) monitoring approach to document the availability, utilization and quality of abortion care services in Kalikot and Myagdi and used the findings to assess the feasibility of integrating SAC monitoring with ongoing emergency obstetric care (EmOC) monitoring in Nepal. We are currently using the COPE for CAC model integrating facility-level quality improvement with existing district-level process to ensure high-quality abortion service availability to women.





# Community Access to Medical Abortion

The rapid expansion of MA drug availability outside the health system is of keen interest to policymakers and implementers alike. Despite increased numbers of certified facilities offering safe abortion services, women continue to access MA directly from medicine sellers, especially in urban areas.

To encourage quality standards among medical shops offering medical abortion, Ipas Nepal is conducting an assessment of knowledge and practices among medical shopkeepers in selected urban areas. Findings from this work will be used to design an orientation and training program for medical shopkeepers and to develop a medical shop MA quality assurance implementation plan to be jointly monitored by the DHO, NCDA, MoH, and Ipas. In Myagdi, a rural and remote district of Nepal, Ipas staff are leading a series of community-based meetings to engage communities and specific stakeholders to identify barriers to women's access to safe MA.

In addition, Ipas has recently conducted a study evaluating the effectiveness of a Medical Abortion Eligibility and Success Toolkit. The purpose of the toolkit is to aid women and community intermediaries, such as FCHVs, to assess a woman's eligibility for using medical abortion and to help identify when she has a need for additional care from a health care provider. Preliminary findings are promising, and offer a useful resource for reducing potential harm from use of MA outside the health system.





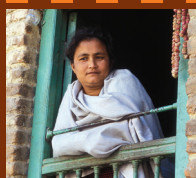
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# Future Horizons

Building on the many accomplishments of the past decade, Ipas Nepal is turning our attention to future initiatives.

1. Improving quality of MA accessed outside the health system by: improving MA eligibility assessment by women, FCHVs and medicine sellers; establishing a system of monitoring quality and women's outcomes; and strengthening referral linkages between medical shops and health care facilities.
2. Strengthening provision and postabortion uptake of contraceptive methods by ensuring that providers have adequate skills, support commodity supply systems, and emphasizing women's choice of contraceptive methods.
3. Integration of the needs of young women into safe abortion services.
4. Focusing on sustainability of services through support to the national, district and facility levels.
5. Emphasizing partnership and collaboration aimed at meeting women's comprehensive needs for reproductive health care, including safe abortion services.

We continuously endeavor to improve our programs and address evolving needs of the safe abortion program in Nepal. We will continue our successful strategy of working with and through the public health system to establish and expand access to safe abortion services for every woman in Nepal who faces an unwanted pregnancy.



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**Published: June 2014**

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