Implementing Safe Abortion Services under the New Law: Experiences in Nepal

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Background

- Contraceptive prevalence rate is low ; 39% (NDHS-2001)
- Access to safe abortion services is inadequate..
- Total abortion is 117/1000 women
- Unsafe abortion contributes to 20% of maternal deaths in health facilities

Process of Legalization

- High MMR (539 /100,000) is contributed by υnsafe abortions
- Multiple stakeholders (NGO and Govt) worked together for advocacy to legalise abortion
- Abortion was legalised in September 2002
- Procedural Process was approved in Dec 2003 for providing safe abortion services
- TCIC established in Dec. 2002 to advise government on implementation of the new law as well as help the govt. for implementation.

Reformed Law

Old Law:

- Abortion illegal except with the consent of two physicians on serious maternal health grounds

New Law:

- Abortion is available on request up to12 weeks, 18 weeks in case of rape and incest or anytime on the grounds of serious maternal or fetal health problems

Challenges

- Fast roll out of high quality services across the country
- Limited resources
- Poor communications and transport in difficult terrains
- Need for support of the ob/gyn and influential community members
- Co-ordination with private sector and maintain their quality of services
- Utilisation of combined use PAC/CAC facilities is gagged

Training Strategy

- Immediate Orientation to senior ob/gyn
- Establishment of Model Service and Training site at the Maternity Hospital in Kathmandu
- Orientation to related hospital workers
- Training curriculum designed
- Service providers listed after competency based

  training (CBT)
- Selected physicians given ToT

Training Strategy

- Private sectors providers offered free training and Govt.listing
- Further training sites planned outside capital
- Private sector may also establish training sites, if standards of service and training site approved by the NHTC
- Planning for nurses to be trained as service providers next year

Establishment of services

- Services established first at the model site
- Regional orientation visits
- Regional/ Zonal hospitals first, then district, ultimately PHCC
- Basic starter kits presented to all hospitals
- Hospitals encouraged to use existing facilities and adapt as required
- Simple listing process for the service sites

Achievements

- Widespread acceptance of the principle of safe abortion
- Services at the model site established quickly-in 6 months 1,358 cases
- Fast services with very few complications
- High rate of FP acceptance

Post Abortion F. P. Acceptance (n=1358)

- 54% - DEPO
- 21% - IUCD
- 16% - OCP
- 9% - condom
- 0% - none

Achievements

- 14 training for 81 physician/providers (62 govt.,19 private) and 38 nurse/assistants
- 32 CAC listed sites (21 Govt; 11 private)
- Co operation and buy-in from private sector achieved

Lessons Learned

- Some doctors fear loss of private practice
- Doctors are already overburdened in their regular hospital duties
- Difficult to monitor the trained CAC providers
- Simple listing process works
- Training of nurses important to reach remote areas

Lessons Learned

- Private sector involvement is important in training program to retain consistent standards and for maximum coverage of service
- Services must be well established before training sites are developed
- 17% of clients have to be rejected because they are beyond the legal allowance of 12 weeks
- Need for rapid public information and education (IEC) in semi urban and rural area is felt--- being done by government and NGOs
- BCC is an important of CAC

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