

Expanding access to rural Nepal through nurse provision of first trimester medical abortion

Deeb Shrestha Dangal, MD

Kusum Thapa , MD

Moderator: Alison Edelman, MD, MPH



Objectives

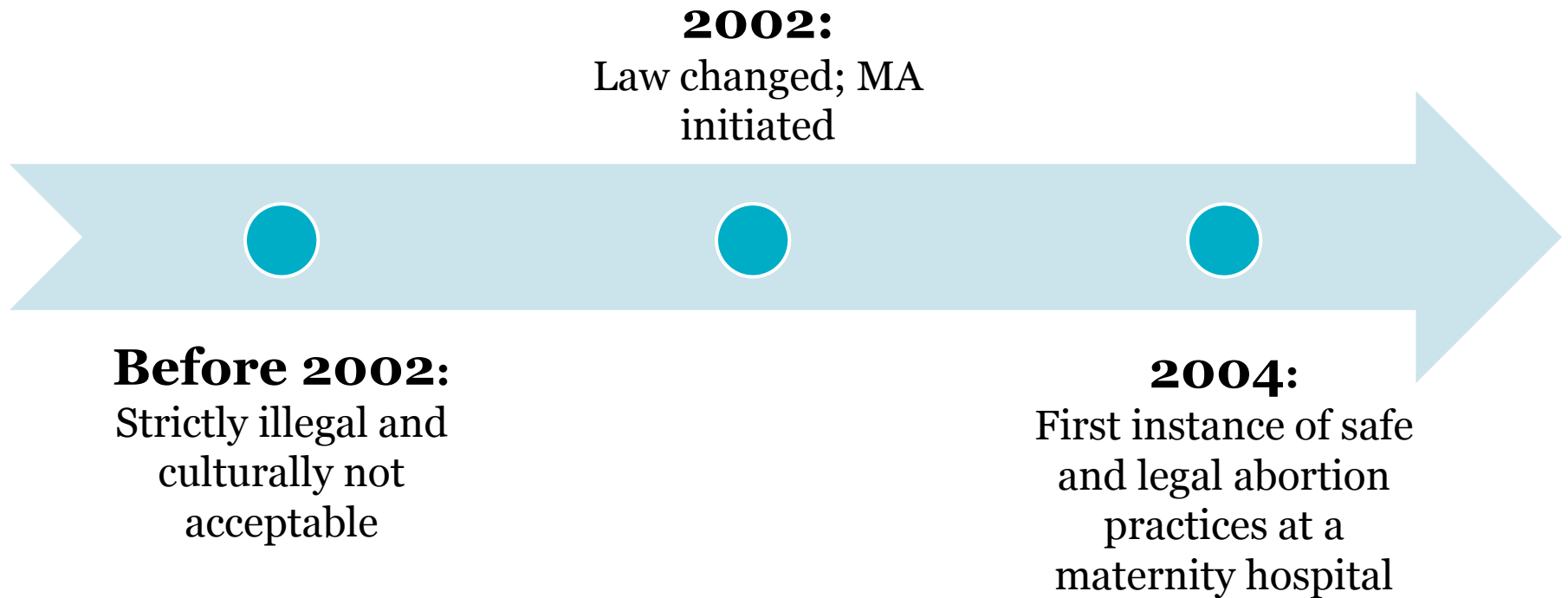
To describe and discuss:

- Nepal's program to increase access to abortion in rural areas
- the process for provider supportive supervision/ mentoring, adverse event reporting and continuing quality improvement for this program
- lessons learned and challenges of MA services by nurses located in rural areas

NEPAL MAP



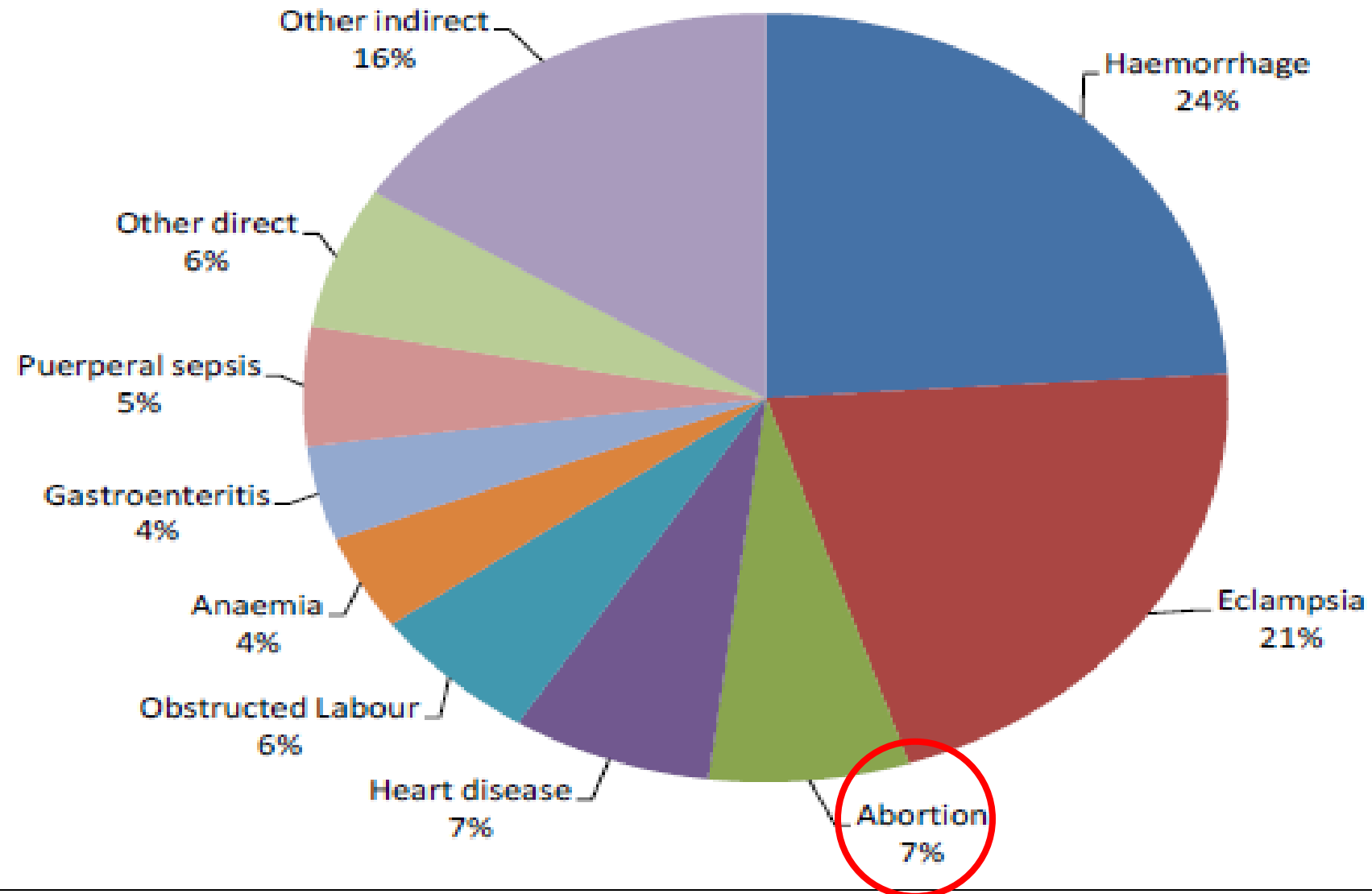
Legalization Process in Nepal



Nepali Abortion Law

- Up to 12 weeks gestation for any indication, on request
- Up to 18 weeks gestation in cases of rape and incest
- At any time if the mental or physical health or the life of the pregnant woman is at risk (with approval of a medical practitioner)
- At any time if the fetus is deformed and incompatible with life (with approval of a medical practitioner).
- The pregnant woman alone has the right to choose to continue or end a pregnancy and that the consent of a legal guardian is required for minors (16 years or younger) and for women who are mentally incompetent.
- Abortion for purposes of sex selection is prohibited.

Causes of Maternal Mortality 2008/09



What legal abortion looks like

स्वास्थ्य सेवा विभाग
स्वास्थ्य विभाग

क्रमांक २१९/०६३

चिकित्सक वा स्वास्थ्यकर्मी सूचिकृत प्रमाण-पत्र

श्री. डा. सीमा कत्री
गुनखेली - ६, महाराजगंज


सूचिकृत प्रमाण-पत्र

सुरक्षित गर्भपतन सेवा प्रदान गर्ने चिकित्सक वा स्वास्थ्यकर्मीको सूचिका नाम स्वास्थ्य मन्त्रालयको लागि भिन्न भिन्नको निवेदन बमोजिम सुरक्षित गर्भपतन सेवा प्रदान गर्ने २०६३ को दफा ३ को उपदफा (१) बमोजिम स्वरूपको नाम सूचिकृत गरिएकोको यो प्रमाण-पत्र दिइएको छ ।

- १) सेवा उपलब्ध गराउँदा सुरक्षित गर्भपतन सेवा प्रदान गर्ने २०६३ बमोजिम सूचिकृत स्वास्थ्य संस्था माथिल सेवा प्रदान गर्ने पर्यन्त ।
- २) सेवा उपलब्ध गराउँदा सुचिकृती ऐन प्रमाण सम्बन्धीको मद्दतको २८ क. म. र यस अधिनियम उपबन्धित व्यवस्था तथा निसाना अवधारणाको पालना गर्ने पर्यन्त ।

मिति: ०६३/१०/१५

सूचिकृत प्रमाण-पत्र जारी गरेको:-
श्री. डा. बालकृष्ण शर्मा
रजि. नं. १०७३/१०७३
चिकित्सक स्वास्थ्य विभाग



LISTED PROVIDERS



LOGO

स्वास्थ्य सेवा विभाग
स्वास्थ्य विभाग

क्रमांक ०६३/०६३

चिकित्सक वा स्वास्थ्यकर्मी सूचिकृत प्रमाण-पत्र

श्री. अक्षय गिर्जा अस्पताल
अक्षय

सूचिकृत प्रमाण-पत्र

चिकित्सक वा स्वास्थ्यकर्मीको सूचिका नाम स्वास्थ्य मन्त्रालयको लागि भिन्न भिन्नको निवेदन बमोजिम सुरक्षित गर्भपतन सेवा प्रदान गर्ने २०६३ को दफा ३ को उपदफा (१) बमोजिम स्वरूपको नाम सूचिकृत गरिएकोको यो प्रमाण-पत्र दिइएको छ ।

- १) स्वास्थ्य संस्थाबाट सुरक्षित गर्भपतन सेवा प्रदान गर्दा सुचिकृती ऐन प्रमाण सम्बन्धीको मद्दतको २८ क. म. तथा यस अधिनियम उपबन्धित भए बमोजिमको व्यवस्थाको पालना गर्ने पर्यन्त ।
- २) सुरक्षित गर्भपतन सेवा उपलब्ध गराउने बमोजिम वैद्यक बमोजिमको सेवा उपलब्ध गराउने पर्यन्त ।

मिति: ०६३/११/२०

सूचिकृत प्रमाण-पत्र जारी गरेको:-
श्री. डा. अक्षय शर्मा
रजि. नं. १०७३/१०७३
चिकित्सक स्वास्थ्य विभाग

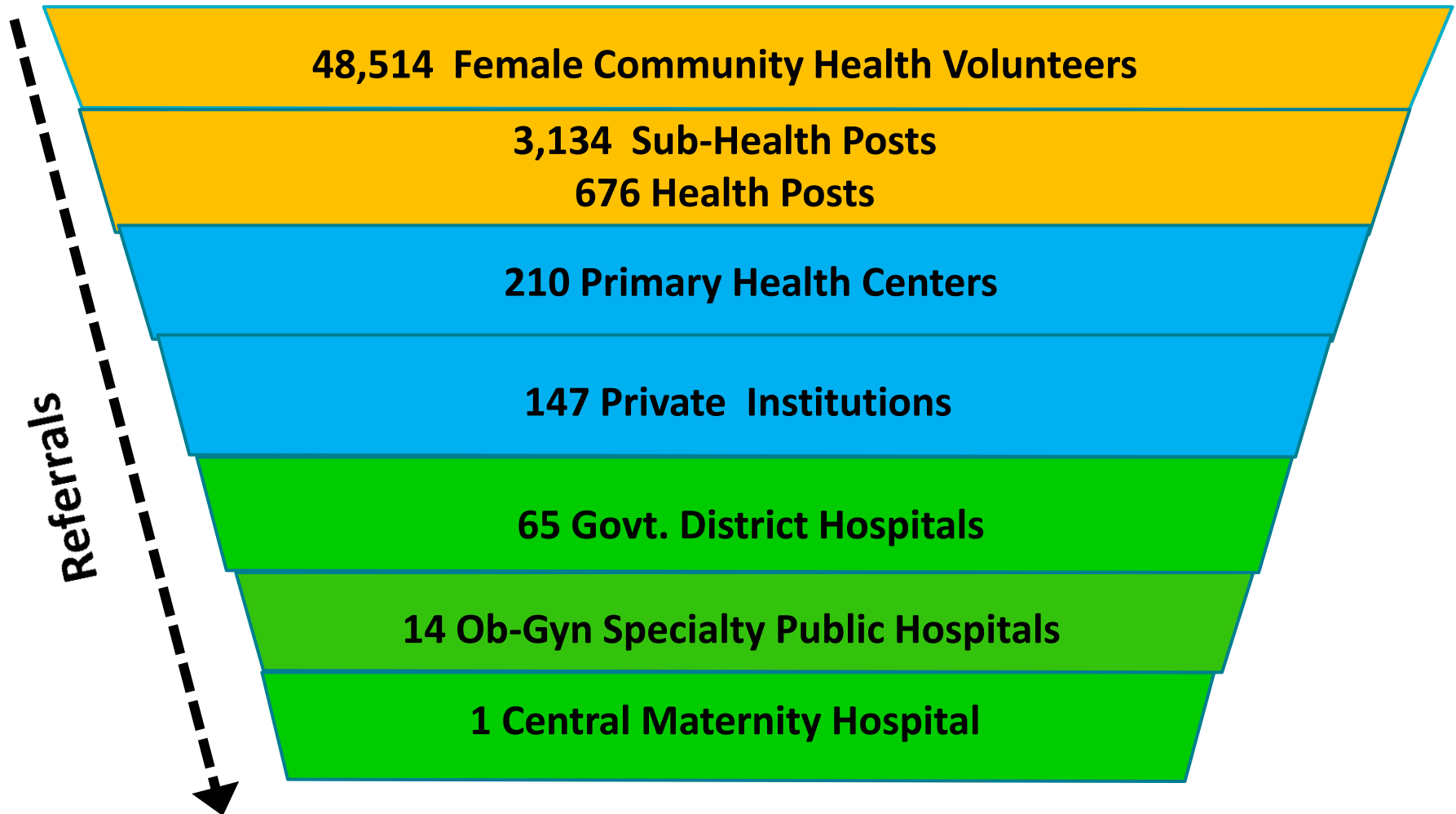
क्र.सं.	सूचिकृत स्वास्थ्य संस्थाको नाम	सूचिकृत गर्ने अधिकारीको नाम	प्रमाणित र मिति
१.			
२.			
३.			
४.			
५.			

LISTED SITES

सुरक्षित गर्भपतन सेवा
(Safe abortion Services)
→



Type of facilities and the referral mechanism



परोपकार

प्रसूति तथा स्त्रीरोग

अस्पताल



Charges of Outdoor services since 2064/5/1

S.No.	O.P.D. Services	Charges	Other Services	Charges
1.	O.P.D. New Registration	15.00	M.V.A. (Manual Vacuum Aspiration)	850.00
2.	O.P.D. Follow up Registration	10.00	CAC (Comprehensive Abortion Care)	1000.00
3.	D and C Charge	300.00	R21 (Risk Ulterine Examination)	5000.00
4.	Sub-Fertility (New Card)	60.00		
5.	Sub-Fertility (Old Card)	30.00		
6.	Pap Smear	75.00		
7.	Cervixcopy (New)	100.00	Ultrasound Services	Charges
8.	Cervixcopy (Old)	50.00	Abdominal	450.00
9.	Interconsultor Card	10.00	Vaginal	500.00



Courtesy:

Johnson's baby



सुरक्षित गर्भ यहाँ उपलब्ध

खुलने स...



प्रेम भावना ही है...

अत्याधुनिक स्तरस्थ सेवा
निष्पन्न प्रदान गले कार्यक्रम

- संस्था नाम
1. अतिरिक्त
 2. अतिरिक्त
 3. अतिरिक्त
 4. अतिरिक्त
 5. अतिरिक्त
- संस्था नाम
- संस्था नाम

Panchthar Hospital



Phidim

जिल्ला अस्पताल

पाँचथर



पाँचथर प्रायमरी
मेची औषधि अ





Level of service	Roles
Female community Health Volunteers (FCHVs)	Increase awareness and referrals (pregnancy testing)
Sub-Health Post	Increase awareness and referrals Obstetrical first aid
Health Post/birthing centers	MA service delivery and referral for complication management
Primary Health Care Center	MA/MVA services and referral for complication management
District Hospital	MA/MVA services and referral for complication management if severe
Zonal/Regional/Central Hospital	MA/MVA and 2 nd trim service

Task sharing programming

2009

MA for safe abortion pilot

2010

Feasibility pilot MA from nurses at PHCC and health posts

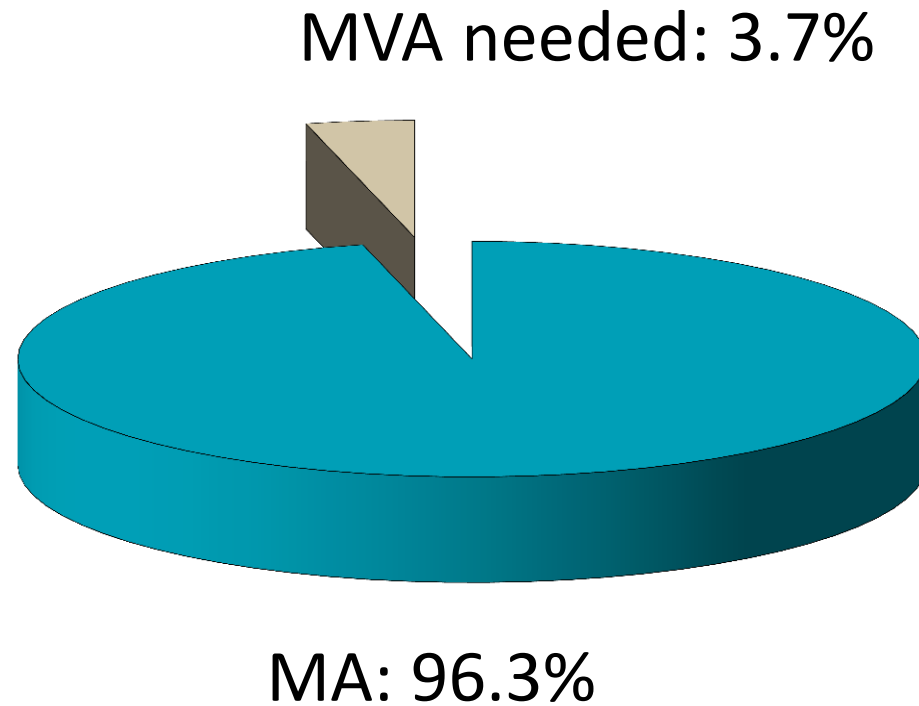
2011

Safe abortion service scale up with nurses

2014

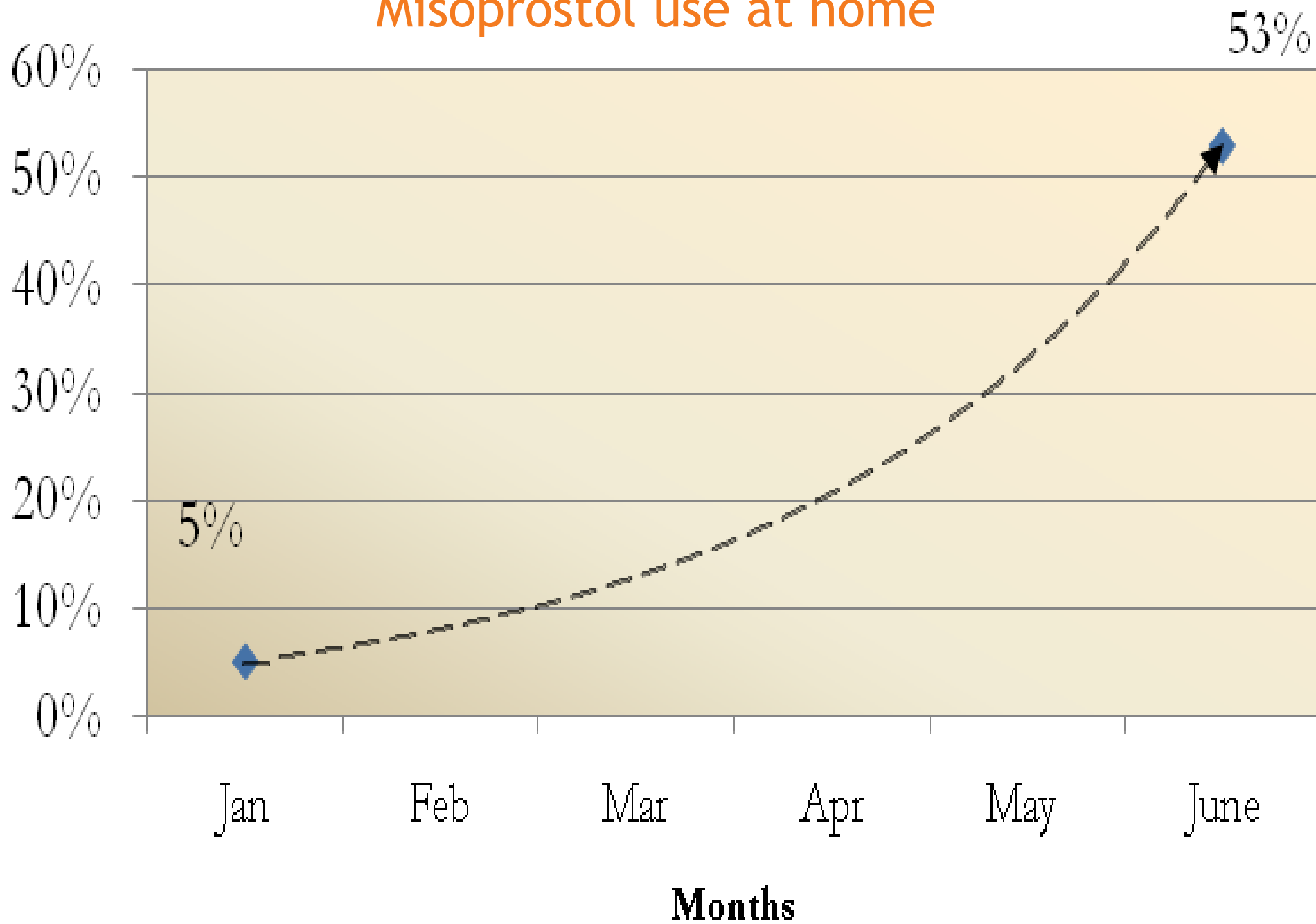
As of January 2014, 25 districts across Nepal have been providing MA service through SBA trained ANMs

Success Rate



N = 1718

Misoprostol use at home



Post-pilot MA Scale-Up

- Government ensuring MA drug distribution for public sector
- Government has approved MA-only training for auxiliary nurse midwives (ANMs); Already implemented in 25 districts.
- PSI working with pharmacists and private sector to ensure drug supply, provide accurate information and referral

Pre-training approach

District level
orientation &
planning
meeting

Site base line
(Minimum
logistic
requirement)

Site and
providers
selection

VCAT

Trainers
update
(İpas)

Training

Competency based approaches

Model practice followed by practice on clients

Knowledge assessment

Clinical assessment

Information on clinical mentors

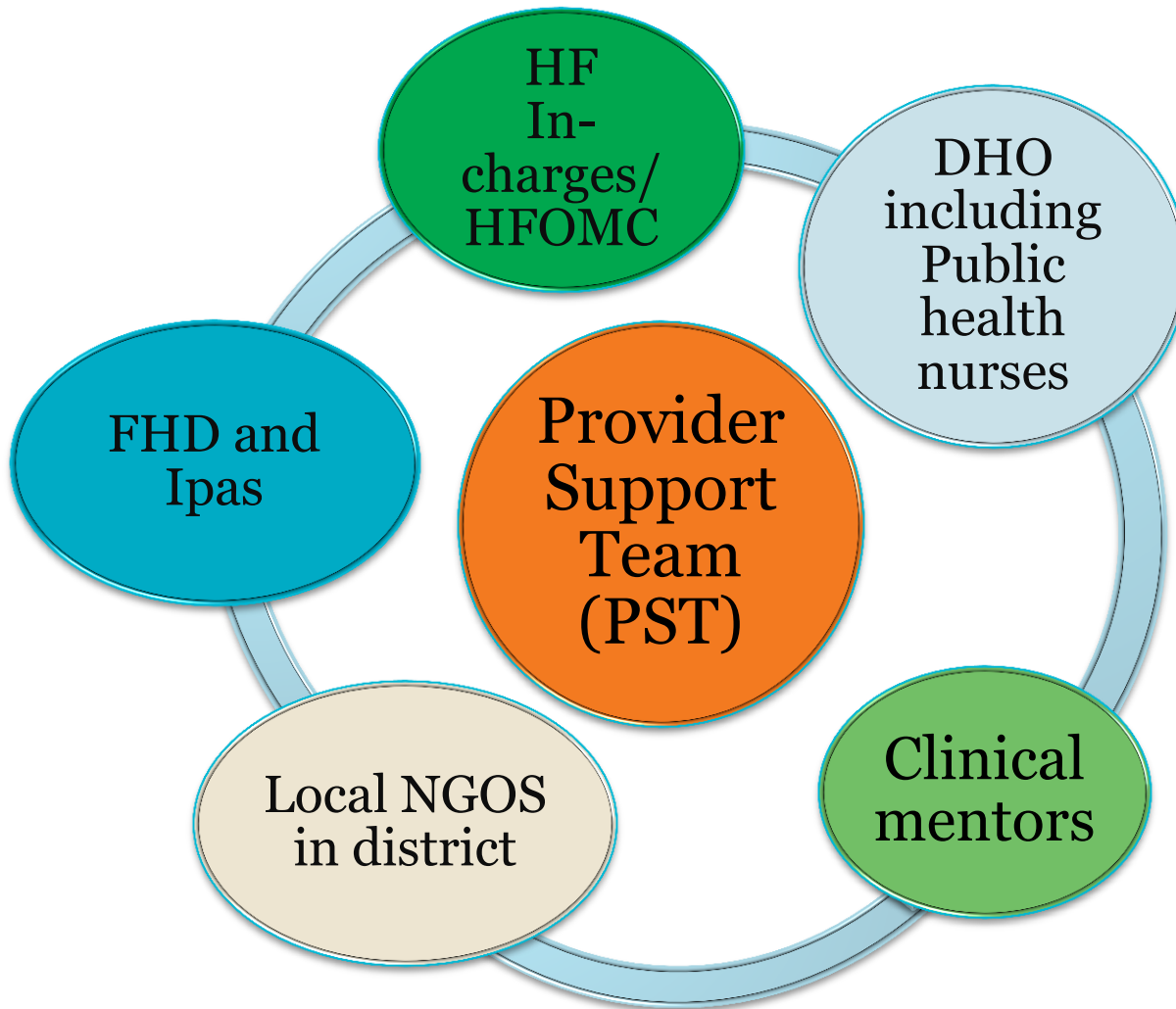
Provide information on the objective of clinical mentors

Provide the name and telephone number of the clinical mentors

Supply

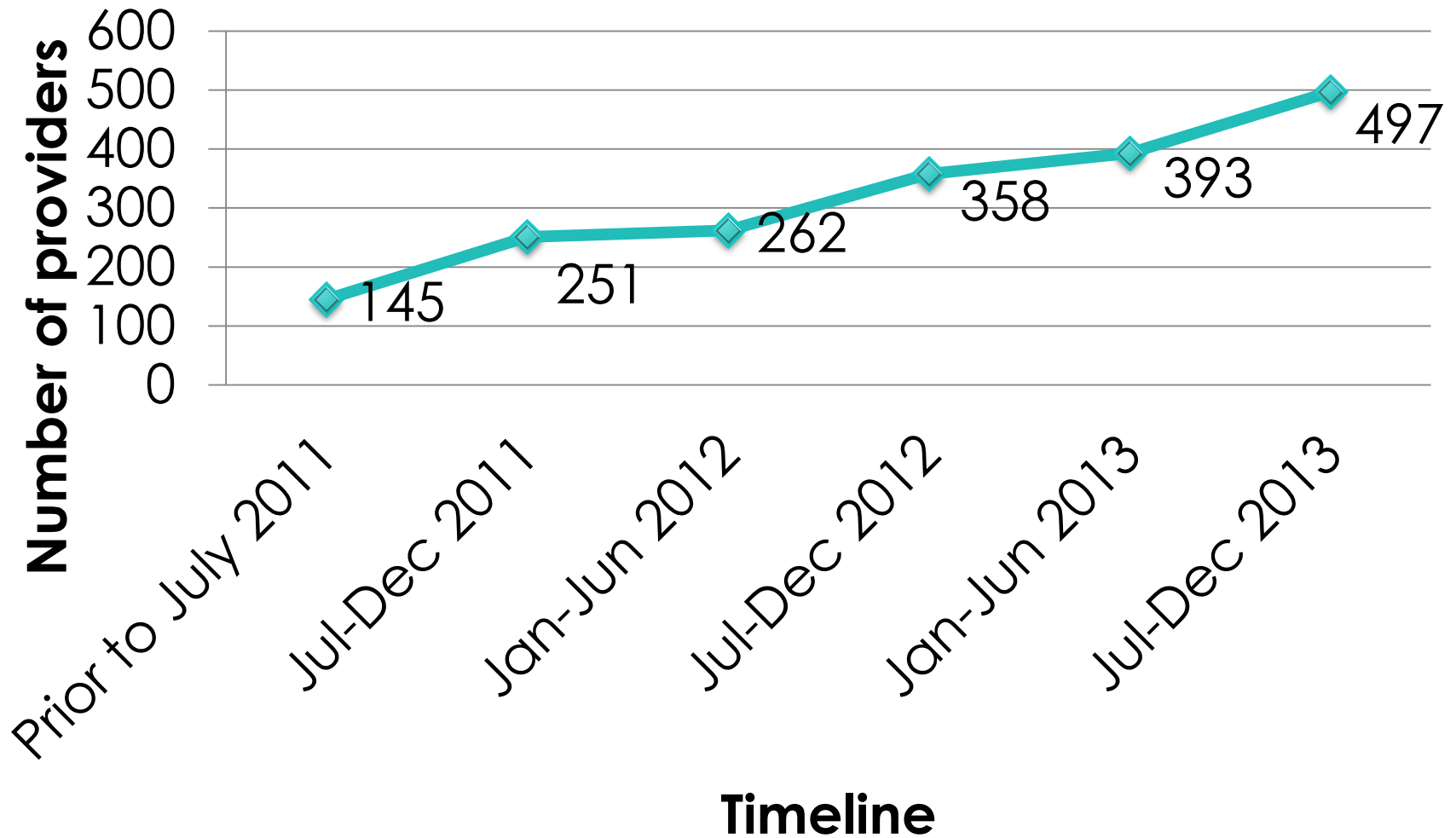
MA drug supply
(5 packets/
providers)

Post-training

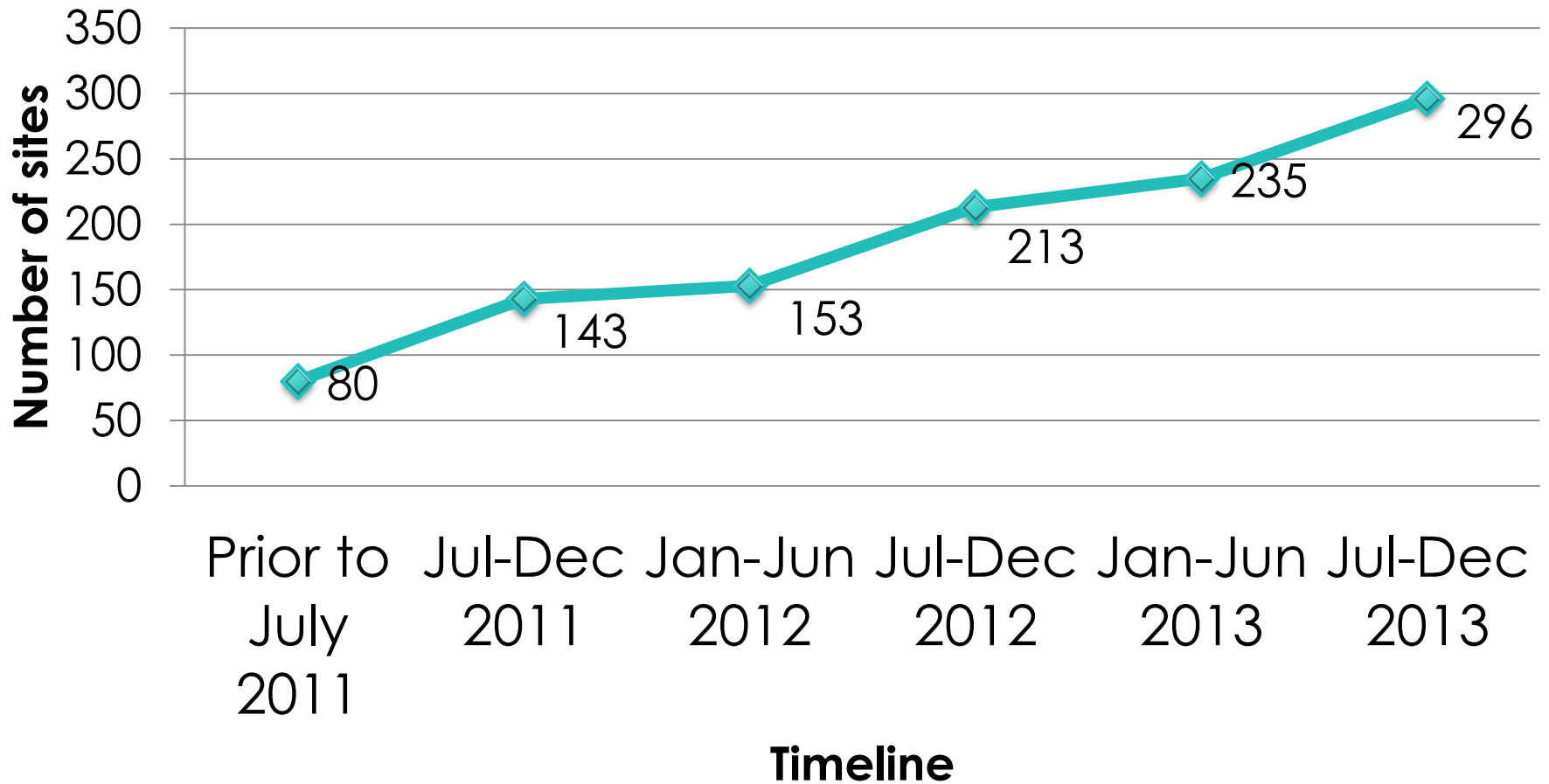


1. Form Dist. level PST
2. Site set up
3. Whole site orientation
4. Quarterly self assessment
5. Clinical mentoring
6. Providers networking mtg.

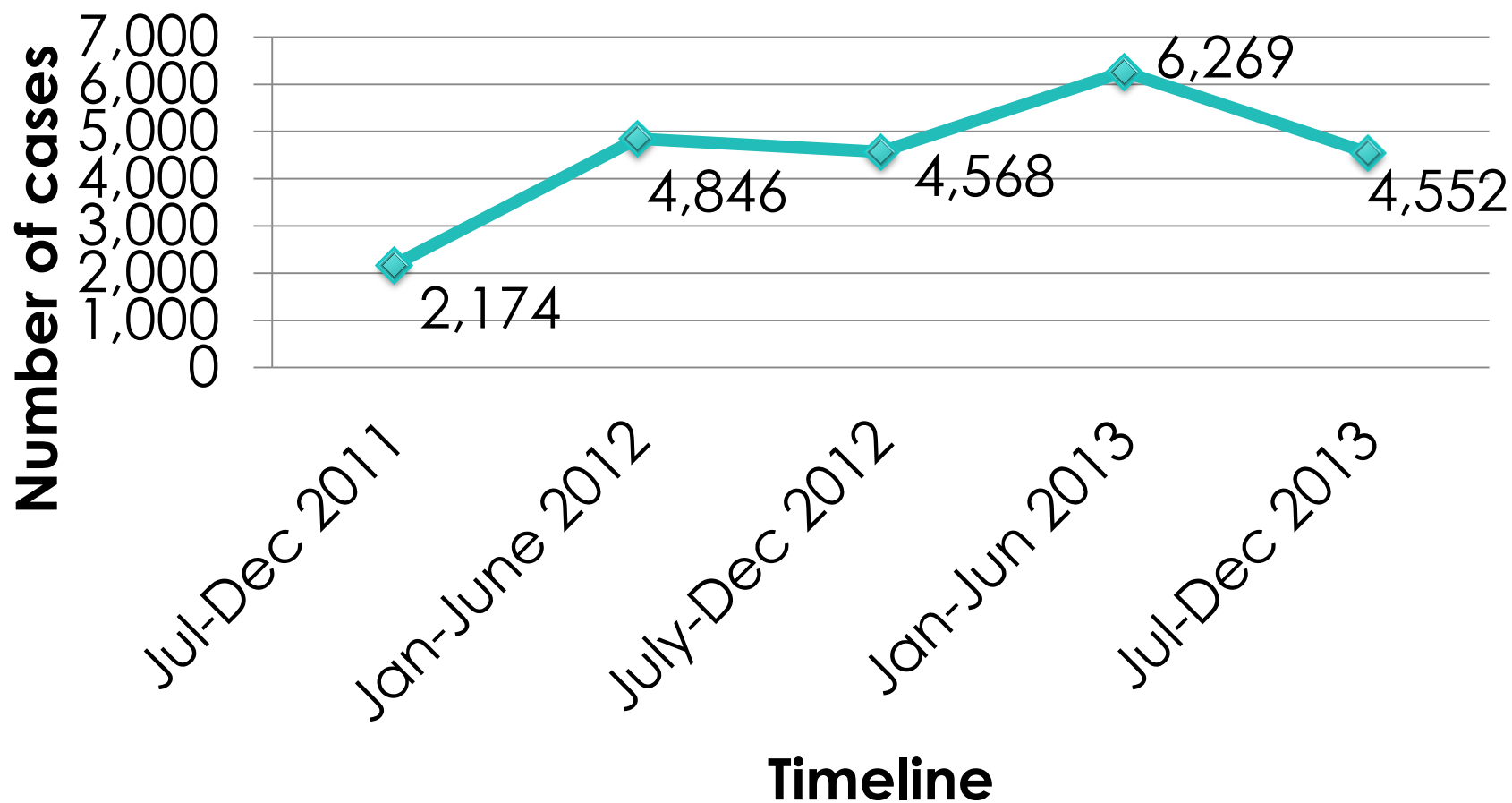
Nurses trained in providing safe abortion services (cumulative each year)



Primary level sites providing safe abortion service through MA



Women served



Source: *Ipas Nepal database, 2014 (25 district)*

Challenges

- Government transfer of trained providers
- Work load
- Role of program support team
- Expansion to even more remote areas
- Strengthening providers support networks

Lessons learned

- Task sharing improves accessibility
- Training alone is not sufficient – provider support team is necessary
- MA services should be integrated into the existing health system
- Local team must be trained in problem solving approaches and leadership/advocacy
- Assessments are critical to understand the needs prior to introduction of services

औषधीको प्रयोगद्वारा सुरक्षित गर्भपतन सेवा विस्तार रणनीति
तथा कार्य सञ्चालन निर्देशिका, २०६६



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार स्वास्थ्य महापारग
टेकु काठमाडौं

“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. Let’s hope it will not take another 30 years before every woman in Nepal is fully aware of her reproductive rights and is also able to get access to appropriate quality services on demand and on time.”

*Hon. Dr. Arzu Rana Deuba, Member of Parliament, Nepal
Keynote address, Asian Forum of Parliamentarians on
Population and Development
14 August 2014*

THANK YOU!

