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

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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
Legalization Process in Nepal

**Before 2002:**
Strictly illegal and culturally not acceptable

**2002:**
Law changed; MA initiated

**2004:**
First instance of safe and legal abortion practices at a maternity hospital
**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

- Haemorrhage: 24%
- Eclampsia: 21%
- Abortion: 7%
- Other indirect: 16%
- Other direct: 6%
- Puerperal sepsis: 5%
- Gastroenteritis: 4%
- Anaemia: 4%
- Obstructed Labour: 6%
- Heart disease: 7%
What legal abortion looks like

LISTED PROVIDERS

LOGO

LISTED SITES
Safe abortion Services
Type of facilities and the referral mechanism

- 48,514 Female Community Health Volunteers
- 3,134 Sub-Health Posts
  - 676 Health Posts
- 210 Primary Health Centers
- 147 Private Institutions
- 65 Govt. District Hospitals
- 14 Ob-Gyn Specialty Public Hospitals
- 1 Central Maternity Hospital
<table>
<thead>
<tr>
<th>Level of service</th>
<th>Roles</th>
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<tbody>
<tr>
<td>Female community Health Volunteers (FCHVs)</td>
<td>Increase awareness and referrals (pregnancy testing)</td>
</tr>
<tr>
<td>Sub-Health Post</td>
<td>Increase awareness and referrals Obstetrical first aid</td>
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<tr>
<td>Health Post/birthing centers</td>
<td>MA service delivery and referral for complication management</td>
</tr>
<tr>
<td>Primary Health Care Center</td>
<td>MA/MVA services and referral for complication management</td>
</tr>
<tr>
<td>District Hospital</td>
<td>MA/MVA services and referral for complication management if severe</td>
</tr>
<tr>
<td>Zonal/Regional/Central Hospital</td>
<td>MA/MVA and 2\textsuperscript{nd} trim service</td>
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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

MA: 96.3%

MVA needed: 3.7%

N = 1718
Misoprostol use at home

Misoprostol insertion: % home based over time

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 (Ipas)
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)

Source: Ipas Nepal database, 2014
Primary level sites providing safe abortion service through MA

Timeline

Number of sites

Source: Ipas Nepal database, 2014
Women served

Number of cases

Timeline

2,174       | 4,846         | 4,568         | 6,269         | 4,552

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
ओषधीको प्रयोगहरू बुझाउँ गर्नुका सेवा विस्तार रणनीति 
तथा कार्य साधन निदेशिता: २०६६.
“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!