

3 GCACP

IPPF Goal

Recognition of the universal right of women to choose and have safe abortion

IPPF Objective

To raise awareness of communities, programme implementers and policy makers about the Public health and social justice impact of safe abortion in all 7 countries of South Asia

FPAN Goal

Recognize the universal rights of women to choose and have safe abortion services to reduce the incidence of unsafe abortion in FPAN's operational area.

FPAN Objective

1. Increase access to comprehensive abortion care (CAC) services.
2. Reduce social barriers (son preference, less concerned about women's reproductive rights) for safe abortion services.

Strategy Title	:	Family Planning Association of Nepal
Project Title	:	Global Comprehensive Abortion Care Project
Reporting Period	:	January -December 2008
Project Number	:	2052007004
Project location	:	Six districts: Palpa and Illam (hill districts) and Kailali, Kanchanpur, Banke and Sarlahi (plain districts).
Primary Beneficiaries	:	614,809 women of reproductive age living in six operational districts
Secondary Beneficiaries	:	1.8 million people living in operational districts (excluding WRA) including religious and community leaders, school teachers, mothers groups, women clubs etc.
Thematic program areas	:	Capacity building Advocacy Awareness raising and BCC Service delivery

Background

Although, abortion was legalized in Nepal in September 2002¹, there remain significant challenges to making safe abortion services widely available to women who need them. Nepal's topography, insufficient national level resource allocation to support medical services including infrastructure and entrenched gender inequality and discrimination which prevent awareness of rights and ability to take up services all work together to deny women access to safe abortion services.

Gender Inequality

Out of 23.6 million people in Nepal, 84 percent live in rural areas and nearly half of them live below the absolute poverty line. Per-capita GNP is only US\$ 236 per year. Within this context, there is a wide gender disparity: male /female literacy rates are 65/42 respectively (CBS, 2001)²; primary school enrollment for girls is 42% and 39% for secondary school admissions. Women are over burdened in household chores and in farm activities, often working for 16 hours a day. Entrenched gender inequality and discrimination in Nepal limits women's awareness of their rights and knowledge about their entitlements to available services and restricts their ability to access health care services.

High Maternal and Infant Mortality

Nepal has the highest infant and maternal mortality rates in South Asia Region with 97 per 1,000 and 281 deaths per 100,000 respectively. More than 50% of maternal deaths are due to unsafe abortion. There are a number of factors contributing to such poor health indicators, including early marriage, teenage pregnancy and low use of modern contraceptive methods - there is a 12% contraceptive use rate among married women aged 15-19 years. The IMR and MMR figures are the legacy of a particularly repressive policy and legislative environment which, until September 2002, women were not only denied access to safe abortion care but were also imprisoned if they were found to have accessed illegal back door abortions.

Increasing Demand for Safe Abortion Services

Demand for abortion services needs to be understood in the context of unwanted pregnancies, contraceptive use and non-use, and unmet needs. A micro level study (CREHPA, 2003)³ conducted among married women in Kathmandu Valley found that nearly one third of rural women and more than one fifth of the urban women had experienced unwanted pregnancy at least once. More than one fifth of rural women and more than a quarter of urban women who had unwanted pregnancies, sought abortion to terminate those pregnancies. More than one third of both rural and urban women said they would abort any unwanted pregnancies in the future. These facts indicate a potential for high demand for safe abortion services in Nepal.

¹ Abortion in Nepal is permitted up to 12 weeks on demand, up to 18 weeks in case of rape and incest and at any time to save a women's life on medical recommendation.

² CBS (Central Bureau of Statistics), 2001. Population Census Report, Kathmandu, Nepal

FPAN's records estimate that 7-10 percent women accessing sexual and reproductive health services sought information regarding termination of an unwanted pregnancy. Furthermore, FPAN doctors and gynecologists working in the Chitwan, Sunsari and Kathmandu valley estimate that two thirds of women seek abortion services at least once during their childbearing year. Similarly, an early micro level study conducted in selected rural areas of Nepal⁴ (Thapa et al., 1994 estimate an abortion seeking rate of 117 per 1,000 pregnant women in Nepal.

Weak Health Infrastructure and Limited Technical Skills

In addition to high level of unmet need for safe abortion services, the availability of sexual and reproductive health services, including safe abortion service is another major concern in Nepal. In the year 2000, there were 83 public hospitals and fewer than 5000 hospitals beds in the country. The ratio of doctors to population was approximately 5 per 100,000 and a nurse to population about 22 per 100,000. However, political instability over the last decade has led to government under funding of the health sector as national resources are increasingly diverted to safe motherhood and child survival packages was estimated at US \$ 4.73 per Nepal (Mc Call, 2002)⁵. Currently, abortion services are limited to a maternity hospital in Kathmandu and five public sector regional hospitals, seven FPAN clinics and approximately 24 Marie Stopes clinics in Nepal. There is growing demand for services at service centers outside Kathmandu Valley.

Significant challenges remain in ensuring that women are able to reap the full benefits of the legislative changes. At present there are limited service delivery points within public and NGO sector and these are largely concentrated in the urban centers. Additionally, there is an acute shortage of trained service providers who are able to provide the widest possible range of high quality abortion care services including post abortion care. There is therefore, a tremendous unmet need for safe abortion services across the country a whole, but particularly so in the rural area of Nepal.

Justification

Family Planning Association of Nepal provides SRH services in 32 districts and it provides safe abortion services in 20 out of 32 program districts with direct support of IPPF, Planned Parenthood Federation of America-International (PPFA-I) and Anonymous donor. Recognizing the growing demand for safe abortion services in other districts, FPAN expanded safe abortion services in six districts (Palpa, Ilam, Kailali, Kanchanpur, Banke, and Sarlahi). The first four districts are located in western Nepal and two districts are in eastern Nepal. They are all economically disadvantage

³ CREPHA, 2003. Exposure to Unwanted Pregnancy and Attitude Towards and Practices of Abortion among married Men Residing in Small Town of Nepal, CREPHA, Kathmandu, Nepal

⁴ Thapa, S. Thapa, P., Shrestha, N. 1994 Abortion in Nepal: Emerging Insights; Journal of Nepal Medical Association of Nepal.

⁵ Mc Call, M. 2002. Literature Review and Global Lessons Learned on The Development and Implementation of Abortion Policy, Family Health Division, Department Health Services, Nepal Government, Kathmandu, Nepal.

with high levels of illiteracy among women, limited employment opportunities and poor road networks. FPAN has branch and outreach clinics in these districts. There are limited agencies working in these districts and there is several reduced access to safe abortion services for women, particularly in rural areas.

Family Planning Association of Nepal (FPAN) is implemented the project “Comprehensive Global Abortion Project” from June 2007 for the period of three years. The project funded by Anonymous donor and the project is being implemented in line with IPPF’s new strategic focus on increasing access to a range of affordable and appropriate safe abortion services. FPAN has just completed one and half year period. During the implementation period it strategically planned its activities based on following key areas

- Infrastructure development
- Capacity building
- Advocacy
- Service delivery

Goal

Contribute to increasing access to comprehensive abortion care services in Nepal

Objectives

1. To increase access to comprehensive abortion care particularly for poor and vulnerable women.
2. To strengthen advocacy programme for reducing barriers to safe abortion.
3. To ensure that all CAC PAC clients receive family planning counselling and contraceptives services

Indicators

Indicator of Objective 1

Qualitative Indicators

- Safe abortion institutional framework policy in place

Quantitative Indicators

- No of existing and new clinics providing safe quality abortion care, by type of facility and geographical distribution.
- No and type of abortion related services available in all clinics (CAC, other RH services lab test, RH counselling including abortion related)
- Percentage or No of clinics meeting defined quality standards of CAC services
- No of partnership established for referrals made to other hospitals and referrals received from other providers
- No of referrals for abortion of more than 12 weeks
- No of women with non judgemental attitudes towards seeking abortion services

- Percentage of women of reproductive age who can identify a nearby safe abortion care provider
- Percentage increase in clients from low income groups
- Percentage of clients satisfied with abortion care provided
- Percentage of clients from vulnerable groups accessing abortion related services
- Percentage of vulnerable groups knowledgeable of abortion needs
- Percentage post abortion contraceptives uptake by type of method

Indicator of Objective 2

Quantitative Indicators

- No key stakeholders advocacy groups formed.
- Percentage increase knowledge and awareness of the impact of unsafe abortion among key stakeholders.
- No of supportive public statements delivered by influential public official at district level.
- No of public statements by community leaders in support of safe abortion services.
- No and type of public events (rallies, radio broadcasts on abortion related issues)

Objective 1: To increase access to comprehensive abortion care particularly for poor and vulnerable women.

Objective	Indicators	Baseline	Exp result	Actual result	Qualitative findings	Explanation of variance/ comments on results
To increase access to comprehensive abortion care particularly for poor and vulnerable women.	No of existing and new clinics providing safe quality abortion care, by type of facility and geographical distribution	6	6	6		6 clinics were upgraded and equipped following to IPPF quality of care standard. 6 clinics were approved by the government of Nepal for CAC services. 4 clinics started providing services from March 2008 and 2 from June/July 2008
	No and type of abortion related services available in all clinics (CAC, RH services, lab test, RH counseling including abortion	0		1,039		
		1,800 0 5,000		50,064 3,806 35,243		

	related) No of partnerships established for referrals made to other hospitals and referrals received from other providers	0 Data not currently available		6 (public and private hospitals & 300 private pharmacists and chemists		MoU signed by 6 GCAC clinics with zonal and district level public and private hospitals for referrals. PPCs have become a vital source of referrals for the clinics providing abortion services. In total 50 PPCs in each of the 6 districts were trained by FPAN
	No of referrals for abortion of more than 12 weeks No of women with non judgmental attitudes towards seeking abortion services	Data not currently available		15		15 clients were referred
	Percentage increase in clients from low income groups	Data not currently available		Not collected		Once CMIS is fully implemented, the socio economic background information of the clients will be recorded
	% of women reproductive age who can identify a nearby safe abortion care provider	24.7%		44-46% in Palpa & Banke, 9.6-22% in Kanchanpur, Kailali, Ilam & Sarlahi		The KABP survey revealed that Palpa had the most access to information (45.9%) followed by Banke (44.4%), Ilam (21.7%), Sarlahi (11.4%), Kailali (10%) and Kanchanpur (9.6%)
	Percentage of clients satisfied with abortion care provided	Data not currently available		The client exit survey was not conducted		The client exit interview format has been finalized and shared with branches. Each branch will interview at least 10 clients per month. The information will be available from next reporting period.
						Indicative studies to identify specific

	Percentage of clients from vulnerable groups accessing abortion related services	Data not currently available		Information were not collected		abortion needs of vulnerable group support this information which will be conducted in upcoming reporting period
	Percentage of vulnerable groups knowledgeable of abortion needs	Estimated number 316,730		To be collected as part of the study on the needs of vulnerable group		Post abortion contraception uptake has increased overall.
	Percentage post abortion contraceptives uptake by type of method	60%		85%		

Activities

Strengthening Institutional Commitment

Activity

Develop and Adopt Institutional Framework Policy

Planned

Adopt and develop institutional policy framework on safe abortion

Completed

A final copy of the institutional policy framework on safe abortion will be approved by the National Executive Committee and will be subsequently sent to all the FPAN Branches for dissemination during March 2009.

Comments/Observation

The policy framework contributed to greater awareness particularly among politically and socially influential volunteers, on the importance of increasing access to safe abortion services.

Activity

Base line Survey

Planned

Conduct base line survey

Completed

A KAP study was undertaken in all the project districts. The primary finding, particularly in Banke, Kailali and Kanchanpur revealed urgent need for increasing awareness on safe abortion, available service sites and preparedness of women to seek abortion services as early as possible.

Major findings of the study were as follows:

- Level of knowledge of abortion, legal status of abortion in Nepal, safe abortion period, place of abortion service availability and about FPAN and FPAN services is found noticeably low
- Unwanted pregnancy was about 10% out of which abortion was around 47 percent with only around 94 percent consulting health worker which shows huge unmet need of safe abortion services.
- Marie Stopes, Government hospital, FPAN, Private clinics and Health workers working in HP/SHP/PHC are the authorized abortion service providers known to majority of the population. Majority of the population preferred and consulted government hospital (48.6%), Marie Stopes (33.7%) and FPAN (14.5%) for safe abortion services. Other preferred places were private hospital/nursing home and private clinics.
- Myths and misconceptions were rampant surrounding the communities of Nepal such as
 - abortion is not legal in Nepal
 - women will be weaker after abortion
 - women can suffer from ovarian cancer because of abortion
 - aborting woman is the one who has no faithful sexual relation
 - woman can not give birth later even if she wants and aborting girl can not get good boy to marry
 - Most of such myths and misconception are resulting in increased social stigma and discrimination increasing barrier for safe abortion service usage and practicing unsafe abortion, which leads to poor reproductive health and poor overall health status of women in Nepal.
- Group discussion, program through local FM and TV, and street drama were the most preferred IEC/BCC programs. Among preferred radio station Radio Nepal and Kantipur FM were the most preferred ones and among TV channels Nepal television and Kantipur were the most preferred TV channels broadcasted from Nepal

Comments/Observation

Abortion KABP study identified gaps between knowledge and practice among community people. Based on findings and recommendations of KABP study report, the project has focused on awareness raising programme through electronic media such as advertise through local FM and other TV to increase the access of quality safe abortion services. Similarly, KABP has recommended focusing on community level advocacy programme which also helped to increase the awareness among community on gestation period of safe abortion and legal provision in abortion policy.

Activity

CAC Training Manual Adopted for FPAN

Planned

Adapt government training manual on comprehensive abortion care for service providers and print 500 copies.

Completed

FPAN adopted government training manual for its CAC training centre located in Sunsari district. Altogether, 500 copies of CAC training manual were printed. A few chapters like SRH rights, clients' rights etc were included separately to the participants during the training session.

Comments/Observation

Reprinting of CAC manual makes easy to conduct CAC training through Family Health Center (FHC). Adoption of the government manual also strengthen coordination between FPAN with National Health Training Center to conduct phase wise CAC training through FPAN training center

Activity

CAC Training to Medical Doctors and Support Staff

Planned

Train newly recruited doctors and staff nurse of six branches on comprehensive safe abortion care (CAC)

Completed

Ten-day CAC training was organized in FPAN's Itahari Family Health Centre for the three newly recruited doctors of Banke, Palpa and Kailali clinics in this program year. In addition, doctors from other six clinics (of which four are newly-recruited doctors) will be trained in 2009 for the management of complications thereby making FPAN clinics less dependent on referral to hospitals for this service.

Comments/Observation

CAC training enhanced the skills and knowledge of newly recruited doctors and staff nurse. This training helped to enhance their competency to provide CAC services in their assigned clinics.

Activity
Develop refresher training module on CAC

Planned

Develop training module for refresher training on comprehensive abortion care

Completed

Following the government basic training manual, the project developed CAC refresher training manual in collaboration of IPAS. The first draft of the manual was ready by the end of 2009. GCAC team will review with the help of other technical persons will revise and finalized in 1st quarter of 2009.

Comments/Observation

CAC refresher training manual helped to enhance the skills of the service providers, which ultimately helped to enhance quality of care in FPAN clinics. FPAN will use this manual and provide CAC refresher training in 2009 to all service providers.

Activity
Infection Prevention training

Planned

Organise infection prevention training for 12 clinic helpers and support staff.

Completed

Three days infection prevention training was organized for 12 clinic helpers of GCAC project and other staff working under IPPF funded programs.

Comments/Observation

Infection prevention training enhanced the skills and knowledge of the clinic helpers to maintain the quality of care in SRH services in FPAN clinics. After completion of the training, medical officer of each clinic was instructed to supervise the clinic helper to ensure that the clinic maintain quality of services as mentioned in IPPF infection prevention protocol.

Activity
Lab technician training

Planned

Organise three days lab technician training to 6 lab technicians

Completed

Six lab assistants from GCACP clinics participated in three days HIV test training in February 2008 at Teaching Hospital of Tribhuvan University. Besides HIV, the training focused on pregnancy and other general laboratory tests.

Comments/Observation

The training enhanced the skills and knowledge of the lab assistants to perform lab tests in the clinics. They were updated on all pregnancy related tests to support the

provision of CAC services and also on HIV test including ELISA (enzyme linked immunosorbent assay), immunochromatography and agglutination. Lab assistants of 6 project districts have been capable to perform these tests in a small lab established in respective branch clinic.

Activity

Develop Pre & Post Abortion Counselling Training Manual

Planned

Develop training module on pre and post abortion counselling including psychological counselling skills e.g. addressing shame, guilt and trauma.

Completed

Training manual on pre and post abortion counselling was developed in collaboration with IPAS attached with Family Health Division. The module was finalized and pretested in first phase of the training organized in December 2008.

Comments/Observation

Training manual on pre & post abortion was first developed by FPAN in Nepal with technical support from IPAS and Family Health Division. The manual helped to conduct phase wise training on pre & post abortion counselling to service providers and counsellors.

Activity

Training on Pre & Post Abortion Counselling

Planned

Organize three days training on pre and post abortion counselling for newly recruited 6 counsellors.

Completed

Three day training on pre- and post-abortion counselling to six counsellors working in GCACP clinics was facilitated by IPAS Nepal in December 2008. IPAS was also provided technical assistance to prepare pre- and post-abortion counselling training manual prior to training which was shared among all FPAN clinics.

Comments/Observation

Pre and post abortion counselling training enhanced counselling skills of the counsellors employed in project clinics. The counsellors were selected to participate in the training based on their previous attendance in workshops on voluntary counselling and testing and the GCACP Regional Workshop on safe abortion counselling thereby ensuring that these providers are fully equipped to provide comprehensive care to FPAN clients. Periodic review of the counsellors' work including their feedbacks on challenges that they encountered in the course of their work, was undertaken by the doctors at the clinic level. A short assessment tool, based on the GCACP monitoring checklist has been developed by FPAN headquarters to facilitate this process.

Activity

Study on Counselling Need Assessment

Planned

Conduct an indicative study on counselling need assessment in selected project districts.

Completed

A study on counselling need assessment has been initiated from last week of December 2008. Both qualitative and quantitative analyses were under taken.

Comments/Observation

The findings of the study have been useful to improve counselling the skills of the counsellors and enhance the quality of counselling services in project clinics.

Reduce Social Barriers and Provide Information to Increase Access

Activity

Study on Myths and Misconception towards Abortion

Planned

Conduct community KAP study on myths, rituals, clinical and legal information on abortion and male partnership in accessing services in partnership with research agency.

Completed

A study on myths and misconceptions related abortion was undertaken in six project district.

Major findings of the study were as follows:

- The findings of the study, therefore, do not include the opinions and views of female IDUs and wives of MSM as these group were difficult to trace out
- Different terms were used to define abortion. According to the FGD participants getting rid of unwanted birth is called abortion. The local terms used for abortion in Eastern hill region is “bachcha falne” or “get rid of child in the womb” or it is called “khulaune” or “opening” too. Educated women call abortion as “garvapatan” or they also use the English word “curette”. In Bahun Chhetri community they also use the term “bhrun hatya” or “killing of foetus” or “garva tuhaune” for abortion. In Kailali Bahun Chhetri community they use the term “bachcha nikalne” or taking out the baby from the womb. In Kanchanpur, “tuhaunu” (expelling) or “adhigro phalne” (getting rid of foetus or “safai garne” (cleaning) are also used to denote abortion Central Terai people call abortion as “bachcha giraibachhai”. In Western Terai Tharu community they use the term “bachcha girachh” for abortion. The Muslim community use the term “bachcha girawe” or “get rid of child in the womb” or “bachcha saphai” meaning cleaning of womb. Tharus of Kailali use the term

“bachcha marana” or killing of baby in the womb or “bachcha khasaune” or dropping of baby. In Muslim community of Banke “bachcha giraye” or “bachcha safai garne” or “bachcha giraune” terms are used to denote abortion

- A number of crude methods of abortion were mentioned by many study participants from all six districts. Women in Eastern hill and central Terai mentioned use of vegetable (*Kupindo*- pumpkin like fruit), messaging of stomach and cow dung and herbs pushed into the uterus to abort the foetus. Some women use roots of aubergine for abortion. Also mentioned was the taking of raw vermilion (*kancho sindhur*) which, they say, not only helps abortion but also stops bleeding. Similarly Study participants of Banke district said that roots of *ainselu* (wild yellow berries) and roots of *Titera* (wild plant) are used to abort at home. Water extracted by squeezing leaves of banana or roots of lime tree can be taken to abort too. Sometimes traditional birth attendant presses the stomach of pregnant woman and aborts the foetus. Also Peppermint plant is used to abort. Taking a lot of sour stuff (*amilo*) and grinded bamboo leaves in lukewarm water can be used to abort. Foetus can be aborted by messaging the stomach of the pregnant woman with butter and usually a TBA does it.
- Most participants of FGDs and IDIs are aware of legalization of abortion in Nepal. However, not many women know when a woman is allowed to have abortion. Most FGD participants are not aware of FPAN abortion policy although many IDI participants know conditions under which a woman can have abortion at FPAN clinic
- The sources of information on abortion are mainly radio, TV, newspaper/magazine and hoarding board of FPAN. Other communication sources such as poster, pamphlet, training/workshop, friend, neighbour, brochure and wall painting were also mentioned by few participants.
- There are number of social, economic and cultural barriers to access abortion service. Such as Disagreement with family members, belief that abortion is a sin, poverty, health risk of abortion procedure, possibility of uterus problem, social ostracism and embarrassment, lack of awareness and fear of lack of privacy are usually cited as barriers to abortion in the Nepalese society.

Overall, women do not like to have abortion at home; they prefer to go to a health facility far away from home for safe abortion as it is safe, counselling is given and privacy is maintained. Most women go for abortion after achieving the desired number of children. Still some groups like Dalit women from Sarlahi and Kanchanpur would not abort an unwanted pregnancy because to them it is a sin to have abortion. Traditional birth attendant and police woman in Sarlahi, male community leaders of Ilam and Kailali woman politician and lawyer of Ilam are also opposed to abort an unwanted pregnancy. Also some women would depend on husband’s decision whether to abort the unwanted pregnancy. Comments/Observation

The study recommended to plan and develop relevant and acceptable IEC/BCC materials and community activities related myths and misconception towards abortion

Activity
Review of existing IEC/BCC tools

Planned

Conduct a review of existing IEC/BCC tools on abortion and develop or adapt BCC tools on social barriers of abortion with focus on myths, rituals, clinical and legal information.

Completed

A review of existing IEC/BCC materials was completed during the current reporting period. The findings are currently being discussed internally within FPAN and SARO with a view to making the necessary adjustments to the language and content of existing abortion related materials.

Major findings of this review are as follows:

The existing abortion related materials didn't capture and keep the interest of intended readers. The language and visual used in IEC materials were not clearly defined so that people can easily understand. However, contents in IEC materials related to abortion were not sufficient.

Once materials are developed, tested and printed, train health workers or other community level staff didn't know about how to use these materials. Staff at all programmatic levels should know why and how the materials have been prepared and why using them will make their job easier, more pleasant, more efficient, and more effective. Unless people understand the advantages of the materials.

The materials produced by FPAN were not used as properly, or perhaps were not used at all levels.

Comments/Observation

Review of existing IEC/BCC materials related to abortion helped to identify the gaps in the content and language which made it easy to incorporate the recommendations provided by this study for further adjustment and modification.

Meet the Unmet Need for Contraception with Focus on Emergency Contraception

Activity
Community Linkages

Planned

Establish community linkages to provide information, services and follow-up on contraceptive use.

Completed

To establish referral linkages with identified NGOs/CBOs from mapping exercise, ten one-day meetings were organized in 6 GCAC project districts.

Outreach strategies were also developed to strengthen the referral linkages as follows:
Carryout out a mapping within the district and identify potential referral agencies, groups, persons etc.

2. Following agencies, groups and individuals were identified as potential referral units for CAC and long acting family planning methods:

A. Agencies

- Health Post and Sub-health Posts under the Ministry of Health and Population
- Women Development Office under the Ministry of Women, Children and Social Welfare
- Local NGOs and CBOs working in SRH and women issues
- Youth Clubs
- Nursing campus
- Nursing home and teaching hospitals who have no CAC and long acting FP services

B. Groups/alliances

- Saving-credit groups formed and prompted by banks, financial institutions and other local NGOs and CBOs
- Forest Users Groups formed and promoted by District Forest Office
- Water User Groups formed and promoted by District Irrigation Office
- District Alliance of Community Health Female Volunteers (CHFV)
- Alliance of PLHIV
- Mother groups
- Youth groups
- Labor unions in corporate sector etc

C. Individuals

- Private Druggists and Chemists
- Community Health Female Volunteers working with DHO
- NGO activists
- Other local influential leaders

3. List out the name and contact detail of all potential referral agencies, groups, and individuals mentioned above.
4. Contact them individually or collectively based on local situation and convenience of the branch.
5. Allocate responsibility to contact potential referral agency, group or individual (As discussed in the meeting the responsibility can be taken by branch volunteers, BM, RHFV, VW, supervisor, lab assistant, accountant etc considering the work load in the branch)
6. Sign MoU as far as practical for referral services to each agency and group

7. Provide referral slip to each agency, group or individual and request them for referral in branch clinic to any person seeking CAC and long acting FP methods. Besides, make an arrangement for referral for other temporary FP methods in near by community or outreach clinics managed by the branch.
 8. Make second, third, fourth or fifth visits to potential referral agencies, groups and individuals unless they refer the clients in clinics.
 9. Organize monthly review meeting between volunteers and staff and carryout self evaluation whether the referral system enhanced as expected. If you find less improvement in referral system then plan for next months to enhance coordination and networking with potential agencies, groups and individuals.
10. Enhance referral system within the branch system
- Mobilize RHFV, VW, peer group members and Community Clinic Management Committee members for referral services particularly CAC and long acting FP methods.
 - Increase supervision and monitoring visit by branch staff in community and outreach mobile clinics and partnering CBOs.

Increase frequency of visit to branded and newly contacted PPCs Comments/ Observation

The meetings helped to establish the referral linkages between FPAN and NGO/CBOs through formal MoU. Project has already signed MoUs with different NGOs/CBOs which are working in reproductive health sector in respective project districts. The linkages also helped to increase the safe abortion clients in GCAC Project clinics.

Activity Partnership with Social Marketing Agency

Planned

Establish partnership with a social marketing agency to increase access to basket of family planning services.

Completed

One day meeting was organized with district level social marketing agencies and the district level associations of druggists and chemists. The main objectives of these meetings were to identify effective means of promoting family planning methods and to formalize mechanisms for clients referral to the FPAN clinics for CAC services.

Comments/Observation

The meetings helped to strength the coordination with social marketing agencies to access family planning services including safe abortion services in FPAN clinics.

Establish Referral Mechanism

Activity

Mapping to local NGOs and Volunteers Groups

Planned

Conduct mapping of local NGOs and volunteer groups (women's organizations, youth clubs) in each project district.

Completed

A mapping exercise to identify vulnerable populations and NGOs working in health sector was completed in all six clinics.

Comments/Observation

Mapping exercise traced out the vulnerable population/group and also helped to identify the NGOs working in the health related field in project district. On the basis of mapping exercise, GCAC Project signed MoUs with selected NGOs/groups. The MoUs clearly outlined core responsibilities and activities that will be undertaken to reach the most underserved populations and avoid duplication of efforts between various NGOs working at the district level.

Activity

Identify & MoU with suitable public/private university teaching hospital

Planned

Identify suitable public/private or university teaching hospitals for referral of complicated cases and second trimester abortions.

Completed

Six district level hospitals were identified in 6 GCAC project districts for referral services. MoU was signed with six hospitals (one in each project district) for referral of complicated cases.

Comments/Observation

Formal MoU with district level hospital has made easy to refer complicated case, if any, from FPAN clinics. MoU also strengthened coordination with government hospitals and helped to access 2nd trimester abortion.

Provide Services to Vulnerable Groups

Activity

Organize Outreach/Mobile Clinics

Planned

Conduct outreach service sessions through on spot clinics, mobile clinics or partner organization's clinics.

Completed

Outreach sessions were organized in each six GCAC project districts in the program year. Altogether twelve clinics (six outreach and six mobile clinics) were organized in 6 project districts. Sexual and reproductive health services including referrals for abortion services and long term contraceptive methods were provided through mobile and outreach clinics.

Comments/Observation

Outreach and mobile clinic helped to increase access of SRH services including abortion related information to marginalized and underserved groups. It also contributed to increase the number of clients in FPAN clinics.

Activity

Provision of SRH services

Planned

SRH services including safe abortion services will be provided to all vulnerable people from 6 GCAC clinic sites.

Completed

SRH services including safe abortion services were provided to vulnerable people from 6 GCACP clinic sites as follows:

Service Centre Sessions	6 Daily
Type of services	Beneficiaries
CAC	1,039
Other RH services	50,064
Pathological Services	3,806
RH counselling (including abortion-related)	35,243
Total	90,152

Comments/Observation

Clients flow in the clinics increased gradually compared with previous year though could not met projected figure of CAC services. Post-abortion contraceptive uptake has been high at 85 percent, of which injectable accounted for 39 percent.

Activity

Supervision and Monitoring

Planned

Quarterly monitoring visit will make in six project districts

Completed

Four monitoring visits were made in four clinics during the reporting period. A joint CO/RO/FPAN visited in Banke and Palpa on March and joint RO/FPAN visited in Kailali & Kanchanpur on June. Similarly supportive supervision visits were made to Banke, Kanchanpur and Kailali in December during which referral systems, outreach activities, and the recruitment and training of new staff were discussed with senior volunteers and Branch managers.

Comments/Observation

Monitoring visit identified the gaps and also helped to provide necessary technical backstopping. However, all clinics were assessed using the monitoring tool developed by the CO GCACP team. Clinic staff were also trained on the use of the tools to ensure the maintenance of overall quality of care in abortion services.

Objective 2: To strengthen advocacy programme for reducing barriers to safe abortion

Objective	Indicators	Baseline	Exp result	Actual result	Qualitative findings	Explanation of variance/comments on results
To strengthen advocacy programme for reducing barriers to safe abortion	No key stakeholders advocacy groups formed	0		6 (one in each district)		Partnership at central and district level are in place.
	Percentage increase knowledge and awareness of the impact of unsafe abortion among key stakeholders	Data currently not available		Not collected yet		
	No of supportive public statements delivered by influential public official at district level	0		10		
	No of public statements by community	0		12		

	leaders in support of safe abortion services					
	No and type of public events(rallies, radio broadcasts) on abortion related issues.	0				Rally=1, Talk=1 local TV channels =4 National TV channels= 5 Radio broadcasts = 18

**Activity
Radio Programme**

Planned

Initiate radio campaigns on abortion law and within the framework its impact on social justice.

Completed

In-order to increase awareness among community people on the availability of safe abortion services in GCACP clinics radio message was broadcasted through local FM on weekly basis.

Comments/Observation

Radio programme was one of the effective media to aware the community people on abortion issue. Various messages were developed and broadcasted based on recommendation of the abortion KABP study carried out by GCAC project. The radio broadcast provided the information on clinic location, opening time and the type of services available in the clinic. In addition, information on the legal conditions on safe abortion was broadcasted. Besides, emphasis was given to inform women to seek abortion services before 12 weeks as mandated by law.

**Activity
Establish Partnership**

Planned

Partner in safemotherhood programme through Family Health Division, Department of Health Services, Ministry of Health, FWLD, Safe-motherhood network, CREPHA, Marie Stopes, IPAS etc

Completed

In order to expedite the coordinated advocacy for increasing access of safe abortion services in Nepal and to increase FPAN's sphere of influence, the project started interaction with different organizations. Some organizations who have common objective and expertise towards abortion identified by the project include FWLD, Safe

Motherhood Network, CREPHA, Marie Stopes, Family Health Division, IPAS etc. Networking and partnership with these organizations was strengthened during the program year.

Comments/Observation

Partnership with other organizations at national level facilitated to strengthen FPAN's sphere of influence and implementation of joint activity like training, development of training manuals and handbooks. The partner agencies were different government and non-governmental organizations such as the Family Health Division of the Ministry of Health and Population, the National Health Training Center (NHTC), Maternity Hospitals, Marie Stopes International and IPAS Nepal. With the help of these organizations, FPAN organized five-phase comprehensive abortion care training for medical doctors in its Itahari Training Centre. FPAN also reprinted the government CAC manual and partnered with IPAS to develop a pre- and post- abortion counselling training manual. These partnerships helped FPAN to place itself as an important player in the field of safe abortion.

Community Level Advocacy for Community Gatekeepers

Activity

Established partnership at district level

Planned

Partner with District Local Development office, District health office, District Bar association, ABC Nepal etc

Completed

District branches have already established contact with several like minded organizations to initiate community level advocacy for increasing access of safe abortion services and reducing socio-cultural barriers that impede rural women in getting access of abortion services. The identified local level organizations include ABC Nepal, District Bar Association, District Health Office, District Local Development Office etc.

Comments/Observation

At the district level, FPAN devoted significant amount of time to lobby with relevant government officials for reducing barriers in order to increase access to safe abortion. Besides, meetings were also conducted in six GCACP districts with key stakeholders including District Health Offices, District Administrative Officers and other selected NGOs involved in the provision of sexual and reproductive health services. The main objectives of such meetings were to strengthen coordination between FPAN, concerned government agencies and other stakeholders for the prevention of unsafe abortion and reduction of social barriers related to increase access of safe abortion within project communities.

Activity
Community Level Meeting

Planned

Conduct community level meetings on safe abortion in 60 Village Development Committees in the project districts for social mobilization on unsafe abortion and increasing access to safe abortion.

Completed

Altogether sixty community level meetings were organized for approximately 900 community leaders and stakeholders to increase awareness on safe abortion and thereby to reduce socio-cultural barriers to women in getting access of this service.

Comments/Observation

The meetings encouraged community leaders and stakeholders to dialogue with community-based service providers and to strengthen the referral system for CAC services in GCACP clinics.

Activity
Workshop to Religious Leaders

Planned

Conduct six workshops to religious leaders and other community gatekeepers, one in each project district to encourage access of safe abortion services.

Completed

In-order to enhance the knowledge of religious leaders and to gain their support, safe abortion workshops were organized in all the project districts. A total of 150 local religious leaders participated in the workshops

Comments/Observation

The workshop enhanced their knowledge and also helped to develop positive attitude towards abortion. Their subsequent actions are expected in the community. .

Activity
Install site Information boards

Planned

Install site information boards in six project districts.

Completed

Altogether 6 site information boards with message on abortion and service site were installed in 6 clinic sites of GCAC project.

Comments/Observation

Installation of site information board helped to inform the people about the FPAN clinical services.

Project Budget:

Category of Cost	Approved Budget	Actual	Variance	Evaluation of variance
Program Cost	7,287,466.00	6,473,539.93	813,926.07	
Personnel Cost	3,998,414.00	4,586,267.89	(587,853.89)	
Contraceptives	-	-	-	
Direct Cost	11,285,880.00	11,059,807.82	226,072.18	
Overhead Cost	1,158,805.00	1,076,683.73	82,121.27	
Personnel Cost	136,520.00	170,824.00	(34,304.00)	
Indirect Cost	1,295,325.00	1,247,507.73	47,817.27	
Total	12,581,205.00	12,307,315.55	273,889.45	

Source of Income : GCACP

Qualitative Analysis

What was the most remarkable achievement?

- Services have commenced in all the six clinics resulting in an increase in the number of clients accessing CAC services and an 85 percent uptake of post-abortion contraception.
- Staff in all six clinics were trained on MVA, pre- and post-abortion counselling and the provision of long term contraceptive methods. In addition, clinical infrastructures were upgraded and new equipment were purchased for the provision of permanent FP methods.
- The expansion of partnerships with NGOs and pharmacists for the provision of safe abortion information and referrals to the FPAN clinics has been an important means of reaching greater numbers of women seeking abortion services in FPAN clinics.
- FPAN also collaborated with some local level NGOs to start lobbying with the government to recognize paramedics as CAC service providers, to design joint awareness raising program at district level, to address myths and misconceptions related to abortion, and to increase community acceptance of women's right to access of safe abortion services.
- FPAN's continued participation in promoting medical (drug induced) abortion which is an important achievement, It ensures that FPAN remains a key player in safe abortion policy discussions and a critical provider of safe abortion services.

What were the important lessons learned?

- Although it is resource intensive, maintaining strong relationships with key governmental and non-governmental organizations is essential for effective implementation of the project and for ensuring smooth operations particularly in times of political instability.
- Strong engagement with communities and gatekeepers is essential for reducing stigma, fear and misinformation on abortion at community level. Information and awareness raising activities explaining the importance of accessing safe abortion services and where to find these services that target gatekeepers such as school teachers, community leaders, women activists and local authorities can provide an important entry point for increasing demand for and uptake of safe abortion services at FPAN clinics. This is especially important in the project areas where FPAN clinics have just introduced abortion services including post-abortion contraception.
- Partnership with key governmental and non-governmental organizations is essential for effective implementation of the project.
- Information and awareness raising activities among community gatekeepers to explain the importance of access to comprehensive abortion care and where such services are available, helped to increase demand for and uptake of services in FPAN clinics.
- Electronic media is more effective than print media to raise community-level awareness in low literacy settings. Most women in rural areas can easily access simple abortion related messages if they are broadcasted through radio. Hence, the clinics that are a part of the project will focus on radio programmes and street drama to increase awareness in the community.
- Where contraception is not consistently used, service providers, especially counsellors have an important role to play in encouraging the client to use contraceptives after an abortion. It is therefore important to constantly upgrade the counsellors' skills to provide the full-range of available methods and dispel any myths the client may have. Periodic reviews need to be undertaken to assess the challenges they face in undertaking their tasks so that timely and appropriate support can be provided.
- Abortion is a sensitive issue and therefore, systems and training for respecting clients' rights to privacy and confidentiality in the clinics and during outreach services need to be constantly reviewed so that IPPF quality of care standards are achieved.

What is the greatest constraint? Have it been able to overcome? If yes how? If not why?

- The approval process for two clinics (Ilam and Sarlahi) was significantly delayed which prevented the start of services as planned. However, intensified liaison activities undertaken with the GoNs, Family Health Division helped to expedite the clinic certification process.
- The political situation remained unstable at the national level due to the election of the Constituent Assembly and the declaration of Nepal as a republic state in 2008. This impacted on some national advocacy activities. Although this is beyond FPAN's control, it is hoped that greater political stability after the formation of the new government in July 2008 will enable smooth implementation of all project activities in the future.
- High turnover of doctors in the project clinics created difficulties in maintaining consistent service delivery. For example, in the Kanchapur clinic, CAC services could not be provided between October and December 2008 as the doctor left and a new doctor could not be recruited on time. It has been extremely difficult to find CAC trained doctors to work in remote areas. In some districts, it is also extremely challenging to find consultants to provide interim services until a full-time doctor can be recruited. After much effort, a full-time CAC trained doctor was recruited at Kanchapur and is currently being trained enabling services to resume in January 2009. It is hoped that the lobbying activities planned for allowing CAC services to be provided by mid-level professionals will alleviate this problem.
- The law on second trimester abortion is restrictive in Nepal. It is allowed in selected government clinics in special conditions (i) if there is a threat to woman's health and life (ii) if the medical practitioners certify deformed baby (iii) in case of rape and (iv) incest. Unfortunately, women living in rural areas such as Ilam tend to be less aware of their gestation period and as a result often seek services later than twelve weeks. These clients are referred to government hospitals and following up these client remains an important priority for FPAN however, the provision of information to women in rural areas on the importance of seeking services at the early stage is important.