

SIX MONTHLY PROGRAMMATIC REPORT NEPAL

Project Title: Global Comprehensive Abortion Care Project - Nepal

Member Association:	Nepal
Project start date:	1 July 2007
Reporting Period	January – June 2009
Budget for reporting period	\$ 80,701
Amount Spent During Reporting Period	\$ 62,602 (78%)
Project Duration	5 years

1. NARRATIVE

1 Project Summary

Project Goal

Contribute to increasing access to comprehensive abortion care (CAC) services in Nepal

Project objectives

1. To increase access to comprehensive abortion care including post-abortion family planning and contraceptive services particularly for poor and vulnerable women.
2. To strengthen advocacy programmes for reducing barriers to safe abortion.

Outcomes (Specific objectives)

Objective 1

1. Member Association's clinical facilities and infrastructures strengthened to provide comprehensive abortion care
2. Increased awareness among community members about legal and safe abortion
3. Increased number of CAC services provided to poor and vulnerable women
4. Increased uptake of post-abortion family planning and contraceptive services

Objective 2

5. Strong and constructive policy discourses around abortion as a right, medical abortion, second trimester abortion etc
6. Changed attitude of community gatekeepers towards abortion leading to improved access to services.

2 Project Progress

Significant progress has been made in the implementation of the Global Comprehensive Abortion Care Project (GCACP) during the current reporting period. FPAN has now completed two years of project implementation and a mid-term review, supported by the Central Office (CO) and the South Asia Regional Office (SARO), is scheduled to take place in the first quarter of 2010.

Between January and June 2009, 1,454 women received 5,602 abortion-related services, of which 1,259 were surgical abortions and 20 were medical abortions performed as part of the government-sponsored pilot project being implemented at the Kailali clinic. Post-abortion contraceptive uptake remained high at 87 percent and since the last reporting period, long-term method acceptance increased from four percent to seven percent. The Ilam, Palpa and Kanchanpur clinics will start providing non-scalpel vasectomy (NSV) from July, 2009 while the Sarlahi, Kailali and Banke clinics will start providing tubal ligation services from October, 2009. In addition, 1,366 clients received sexual and reproductive health services including referrals to the clinic for safe abortion services as part of outreach activities that have been conducted through the GCACP and FPAN core programmes.

Outcome 1: Member Association's clinical facilities and infrastructure strengthened to provide comprehensive abortion care

i) Staff recruitment. A new doctor has been recruited in Kailali and has undergone CAC training enabling services to resume in the clinic. In Kanchanpur, following the resignation of the clinician appointed at the end of 2008, the search for a new doctor is still underway. In the absence of a full-time doctor, the Kanchanpur branch officials have recruited a government doctor from the Mahakhali Zonal hospital to perform CAC services on a contractual basis.

ii) Infrastructure strengthening: Informed by the IPPF Medical & Service Delivery Guidelines, Government regulations and the findings of the recently completed facility survey, all six clinics have been upgraded to provide NSV and tubal ligation services. The six clinics were further strengthened following recommendations made during the monitoring visits. For example, improvements were made on infection prevention by standardizing systems for the disposal of the products of conception and by setting up separate rooms for autoclaving (where not yet in place); on client comfort by increasing toilet and sanitation facilities and by clearly demarcated pre-procedure and post-recovery rooms for men and women to accommodate the needs of NSV clients that will be served in the same clinic as CAC clients.

iii) Capacity Building: Several capacity building activities have been undertaken during the current reporting period:

- ❑ Comprehensive abortion care training is being conducted on an on-going basis at the FPAN Itahari Family Health Centre to meet the needs of newly recruited doctors. Emphasis is also being placed on improving the skills of doctors to manage a wider range of complications at the clinics rather than through referrals.
- ❑ A ten-day NSV training workshop was completed for the two doctors from Ilam and Palpa at the FPAN clinic in Kathmandu.

- ❑ The counsellor's checklist developed as part of the project has been used to conduct periodic reviews of the counsellors' work at the six clinics. The doctors led this process and one of the initial findings included a need for additional and specific skill-building on pre- and post-abortion counselling. On the basis on these assessments, refresher training for the counsellors will be organized during the next implementation phase.
- ❑ In addition to the periodic review undertaken using the counsellors' checklist, a counselling needs assessment was also completed by an external agency. The study supported some of the findings from the internal assessment and also highlighted the need to build the capacity of counsellors to provide counselling on a wider range of issues such as sex and relationships; unsafe sex and HIV/STIs; gender and violence.

iv) Strategic Partnerships:

Memoranda of Understanding have now been signed between FPAN and 17 local level NGOs and community-based organizations (CBOs) to enable their beneficiaries to be referred to FPAN clinics and vice versa where necessary. Banke now works with four NGOs; Sarlahi with three; Ilam with two; Palpa with one; Kanchanpur with three and Kailali with four.

A total of 30 one-day meetings were organized in the six project districts with a range of NGO staff to discuss potential collaborative activities and publicize the services offered.

In keeping with the need to reach vulnerable and underserved groups and ensure effective referrals to FPAN clinics, the NGOs and CBOs selected include organizations that work with people living with HIV (Nava Kiran Plus, National Association of People Living with HIV/AIDS) and those that work with sexual diversity (Blue Diamond Society). The increased number of referrals made from rural communities and through these NGOs provides evidence that FPAN services are reaching the more vulnerable populations.

v) Project Management:

Monitoring visits have been made to five of the participating clinics during the current reporting period. A joint IPPF Regional Office/FPAN Team visited Banke, Kailali, Kanchanpur and Palpa in March and in April, 2009. The Project Coordinator visited Sarlahi in April, 2009.

The GCACP monitoring checklist and quarterly service statistics information were used to assess services at the clinics. Special emphasis was placed on building the capacity of clinic staff to record service statistics; to use the data for improving services at the clinic; to establish an effective referral and follow-up mechanism and to collect and report outreach service data. Detailed discussions took place at each clinic on the expansion plans for the CMIS following the pre-computerization phase initiated in the five remaining clinics during this reporting period.

The monitoring visits noted that staff nurses and clinic helpers, required refresher training on infection prevention and on complying with the 'first in first out' system for stock management. A workshop to address these issues is planned for the second week of July.

vi) Clinical Management Information System

An assessment of the CMIS, piloted in the Palpa and Kathmandu clinics, was undertaken by the IPPF CO consultants and SARO in April, 2009. The clinics had achieved tremendous success whereby manual client files were systematically organized, client records were updated electronically and the required reports were produced efficiently. The success in Palpa, a remote and mountainous region, was particularly praiseworthy and their experiences will no doubt encourage the other branches which will soon be implementing the system.

Following the successful completion of the pilot phase expansion plans have been put in place. The system will be introduced to the Kailali and Kanchanpur clinics in August 2009 and the remaining three clinics in Banke, Ilam and Sarlahi will adopt the system in 2010. Pre-assessment activities including hardware procurement and standardized manual filing will be completed by the end of July 2009.

Outcome 2: Increased awareness among community members about legal and safe abortion

A number of operational research activities, including an indicative study on the impact of unsafe abortion and a study on the attitude of service providers, were completed during this period. The following activities have been informed by the key findings and recommendations:

- ❑ There is clear evidence that most cases of unsafe abortion occur due to a lack of information about available services at the community-level. As a result, FPAN has been working with Government Female Community Health Visitors, community counsellors and peer educators to raise awareness at the community-level on the importance of accessing safe abortions, to strengthen outreach services including post-abortion follow-up, and to provide referrals for women seeking safe abortions. The increased number of services provided (see Outcome 3 below) demonstrates the effectiveness of this initiative.
- ❑ It was also observed that marginalized and vulnerable groups face particular difficulties in accessing safe abortions. The strategic partnerships developed between the FPAN branches and the NGOs (section 2(iv) above) that work with these underserved groups is expected to address this to some extent. Based on evaluations of clinic performance, further initiatives will be undertaken where necessary.
- ❑ Another important finding has been that unsupportive attitudes of service providers towards women, and particularly young women, seeking abortion services negatively impacts upon their ability to access services and limits the quality and number of referrals, particularly in the case of second trimester abortions, provided. Values clarification activities and increased support to providers and counsellors are being planned together with SARO to address this situation and will be completed by August 2009.

All six GCACP clinics continue to publicize information on clinic locations, opening times and the type of services being provided through local FM radio stations on a weekly basis. Moreover, information on the legal conditions for safe abortion and the need for women to seek services within the 12 weeks gestation period is being emphasized as a matter of priority. Since the use of electronic media for targeting women in rural areas has been successful, plans are in place to develop

issue-based programmes to create greater awareness around sexual and reproductive health in addition to basic advertisements for safe abortion services.

Outcome 3: Increased number of CAC services provided to poor and vulnerable women

During January to June 2009, abortion related services accounted for 19% of the total sexual and reproductive health services as compared with 10% in the last reporting period. The number of clients receiving surgical abortions also increased from 729 to 1,259. The introduction of medical abortion services in the Kailali clinic was an important addition to the service package offered by the clinic, further increasing access to safe abortion services.

In order to assess client satisfaction of the services provided, monthly client exit interviews were undertaken in the six GCACP clinics. Of the 160 clients interviewed during the reporting period, 94 per cent were satisfied with the CAC services received at the FPAN clinics. The best performing clinics were Kailali and Palpa recording the highest rates of satisfaction at 97 and 96 per cent respectively. Recommendations included more time to be spent with each client and increased information to be given about post-abortion contraceptive methods. FPAN will address these as part of the counsellors' training planned for the implementation phase.

Outcome 4: Increased uptake of post-abortion family planning and contraceptive services

Acceptance of post-abortion contraception is 87 per cent in the six GCACP clinics with pills accounting for 36 per cent and seven per cent of post-abortion clients choosing a long-term method, a notable increase from the last reporting period.

Referrals for women seeking safe abortion services and for women who wish to adopt a long-term or permanent contraceptive method continue to be provided through mobile clinics organized by each participating branch. A total of 1,366 clients received sexual and reproductive health services including abortion counselling through the mobile clinics, an increase since the last reporting period.

Outcome 5: Strong and constructive policy discourses around abortion as a right, medical abortion, second trimester abortion etc

Advocacy on Medical (drug induced) Abortion

FPAN's Kailali clinic is one of the six partners undertaking a government-sponsored pilot project on medical abortion. Following the completion of the pilot phase and the assessment of the findings it is anticipated that the Government will approve the method to be widely accessible. In addition, as part of a separate pilot study, supported by Population Services International, FPAN has been providing medical abortion in two more districts (Chitwan and Jhapa). FPAN is preparing its clinics and providers to be able to integrate medical abortion into their overall service package in a speedy and efficient manner.

FIGO Initiative

FPAN is part of a ten-member core group that undertook a situational analysis on unsafe abortion as part of the FIGO initiative on preventing unsafe abortion and is now one of the lead NGOs selected to facilitate two national and one international workshop to disseminate the findings. The partnerships developed as part of this

process will be valuable for FPAN as it seeks to increase access to safe abortion services in Nepal.

Outcome 6: Changed attitude of community gatekeepers towards abortion leading to improved access to services

In order to enhance understanding of sexual and reproductive health, including clients rights, the reproductive rights of women, the legal conditions for safe abortion and the consequences of unsafe abortion, 20 one-day orientation meetings for a total of 511 community stakeholders (members of women's groups, village development committee members, officials in charge of health and teachers) were organized in the project districts.

Additional sensitization programmes for community leaders were organized in the project areas in order to create positive attitudes and increased awareness about safe abortion services. A total of 249 community leaders participated in nine one-day sensitization programmes in the six GCACP districts.

In order to raise awareness and knowledge among the Government Female Community Health Visitors (FCHVs) on the legal conditions for accessing safe abortion and the consequences of unsafe abortion, six one-day sensitization programmes were organized for a total of 101 FCHVs, the success of which has already been demonstrated by the increased number of referrals made by the Health Visitors to the FPAN clinics.

One of the main objectives of all the above mentioned initiatives has been to increase the number of clients referred to the clinics. Notable success in this regard can be observed by the increased number of services provided during this reporting period. Increasing client load through this and other strategies will remain a priority.

3. Main achievements of this period

3 (a) What were the three main achievements in terms of advocacy?

- Community level awareness raising programmes have been an important means of reaching greater numbers of women and this is reflected in the increasing numbers of women seeking services at the clinic.
- FPAN continues to lobby the government to expand access to second trimester abortion services and it is anticipated that six additional public hospitals will receive approval to provide second trimester abortion services by the end of 2009. Moreover, as a result of advocating for allowing mid-level providers to perform CAC services, the government has started a pilot training programme whereby 56 nurses are being trained on CAC. This policy is expected to be adopted in 2010 following formal government approval, thereby increasing the availability of CAC services.
- FPAN continued to advocate strongly for the approval of medical abortion. During this period FPAN initiated two separate pilot studies in three of its clinics (Kailali, Chitwan and Jhapa) and expects to use the findings to further strengthen its advocacy and service delivery efforts to increase access to medical abortion.

3 (b) What were the three main achievements in terms of service provision?

- ❑ During January-June 2009, 1,454 women received 5,602 abortion-related services, of which 1,259 were surgical abortions and 20 were medical abortions. Post-abortion contraceptive uptake also increased from 85 per cent to 87 per cent during this time. In January 2009, all clinics started providing implants and IUDs as a result the uptake of long-term methods increased to seven per cent as compared to four per cent in the previous reporting period.
- ❑ All six GCACP clinics have been upgraded to provide permanent family planning methods. Two doctors have been trained in non-scalpel vasectomy and service provision will commence in the Ilam, Kanchanpur and Palpa clinics from the first week of July 2009 while tubal ligation services will start in October 2009.
- ❑ While a few recommendations for improvements were made, overall, 94 per cent of the clients interviewed during this reporting period claimed they were satisfied with the services received at the FPAN clinics and most importantly, confirmed that they would recommend the clinic to a friend, an important indicator of success.

4 Were there any unexpected outcomes? Explain briefly

Not applicable for this reporting period.

5 Explain any factors that impeded the progress of the project and what was done to overcome it

High turnover of doctors in the project clinics continues to be an enormous challenge to the provision of CAC services and identifying full-time doctors or consultants able and willing to provide CAC services in often remote clinics has required considerable effort. However, senior volunteers of FPAN and other branch officials have been involved in the recruitment processes and the lobbying activities undertaken to allow mid-level providers to provide CAC services should contribute to overcoming this obstacle.

Analysis of the clinics' service statistics reveal that clients prefer to adopt a short-term rather than a long-term contraceptive method immediately following an abortion. In order to ensure that providers are competent to provide a full range of contraceptive options and to facilitate informed decision making by the clients, focus has been placed on strengthening staff capacity and clinic infrastructure. Service trends will be closely monitored over the next reporting period in anticipation of a slight increase in long-term contraceptive uptake.

6 What have you learned from the implementation of the project so far?

The operational research activities and overall review of service statistics revealed that activities for raising awareness at community level have been more successful in increasing client load than national level advocacy efforts. As described above, awareness raising programmes undertaken in collaboration with Female Community Health Visitors, community counsellors and peer educators have proven to be an effective means of creating a positive attitude towards safe abortion services and increasing access to related services.

On the other hand, national level efforts have been crucial for increasing access to medical abortion and developing partnerships with high level obstetricians/gynaecologists for working on longer term initiatives to increase access to safe abortion services.

Therefore, with limited human and financial resources, strategic decisions needed to be made. As a result, funds allocated for national level advocacy as part of this project were reallocated to address some of these emerging priorities at the community level. Please see chronogram for further details

7 Performance analysis

Area requiring strengthening/ Improvement	Action required	By whom	By when
Broaden the choice of contraceptive methods (focus on LTPM)	Train three doctors from Banke, Sarlahi and Kailali in tubal ligation	FPAN Headquarters	October 2009
Increase number of clients followed-up after being referred and after being provided with a CAC services	Hold discussion with referral partners to ensure follow-up. Train counsellors (as part of the planned refresher training) to explain the importance of attending follow-up visits to CAC clients.	Branch level staff with FPAN Headquarters	December 2009
Strengthen community level referral systems	(a) Continue orientation of private pharmacists and chemists at district level (b) Strengthen collaborative activities with identified NGOs c) Conduct sensitization to community leaders and government Female Community Health Visitors d) Collect and report service data from outreach and community activities	Branch level staff with FPAN Headquarters	December 2009

Area requiring strengthening/Improvement	Action required	By whom	By when
Enhance the capacity of service providers	a) Conduct three days refresher training on infection prevention for staff nurses and clinic helpers b) Conduct refresher training on CAC and the management of complications for medical officers	FPAN Headquarters	December 2009
Expand CMIS system	Complete preparatory activities including manual filing	FPAN GCACP team and SARO GCACP M&E Officer	Two clinics by September 2009 and remaining three clinics by 2010

8 Describe briefly any additional activities undertaken or partnerships developed that contributed to your project

The partnership with private pharmacists and chemists (PPCs) has continued during this reporting period and an additional 102 PPCs have been oriented to enable a stronger referral mechanism between PPCs and FPAN clinics.

Moreover, as part of the communication strategy of FPAN, a total of 60 PPCs have been branded as FPAN partners during this reporting period so that the CAC initiative is clearly visible in the project communities.

2. [Work plan and chronogram – separate document](#)
3. [Monitoring and evaluation report – separate document](#)
4. [Service statistics – separate document](#)
5. [Financial report – separate document](#)