

# WEBINAR **SERIES**



**Promoting  
health throughout  
the life-course  
during the  
COVID-19  
pandemic**

**WEBINAR-5:  
TASK-SHARING TO MAINTAIN SEXUAL  
AND REPRODUCTIVE HEALTH SERVICES  
DURING COVID-19**

**Experience of Task-sharing in  
abortion and post-abortion services**



**Dr Bhim Singh Tinkari  
Director  
Family Welfare Division  
Department of Health Services  
Ministry of Health and Population  
Nepal**



**INDIAN  
INSTITUTE OF  
PUBLIC HEALTH  
GANDHINAGAR**

# International Commitments

- To Reduce MMR to 70/100000 Live Birth
- FP as Development Agenda and access to Family Planning Service to all eligible couple
- To Eliminate Gender Based Violence
- Increase Investment in Family Planning by 7% every year



# Policy Document



**NPC SDG  
Goal-3**



**Convention on the Elimination  
of All Forms of  
Discrimination against Women**



**NHSS\_2015-2020**

**Safe-motherhood  
and Reproductive  
Health Act**

- In context of newly devolved structure, Nepal is committed to leaving no one behind and reaching the unreached with FP services
- Costed FP Implementation plan identified PAFP as important intervention
- Given Emphasis on PAFP
- Has established Safe Abortion and FP as Right of women

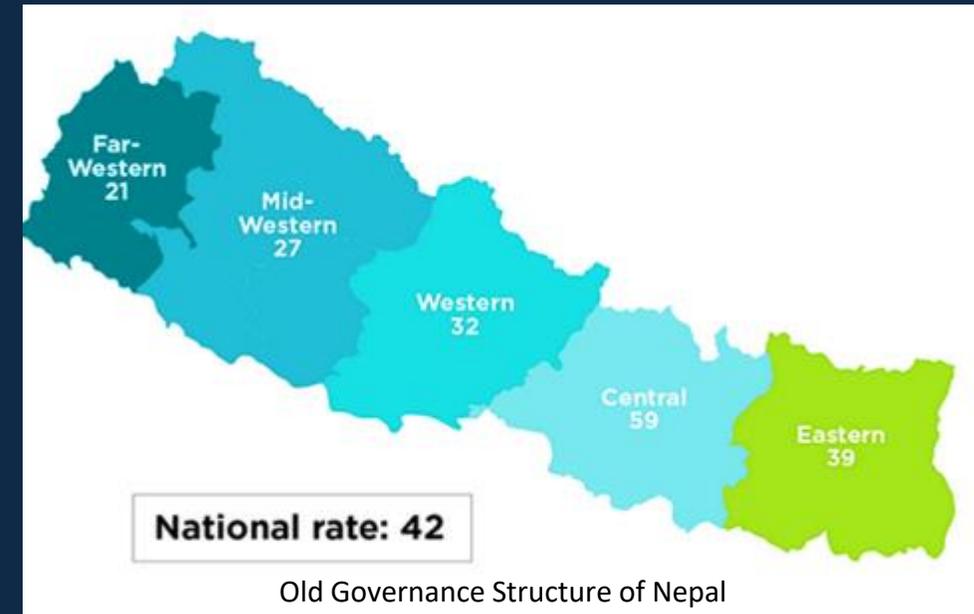
# Scenario: Women in Nepal

- Literacy Rate : 57.4 % (Census 2011)
- Total Fertility Rate - 2.3
- Maternal Mortality Ratio - 239/100,000 (NDHS -2016)
- Contraceptive Prevalence Rate - 52.6% (modern method 43%)
- Unmet need for contraception - 24%

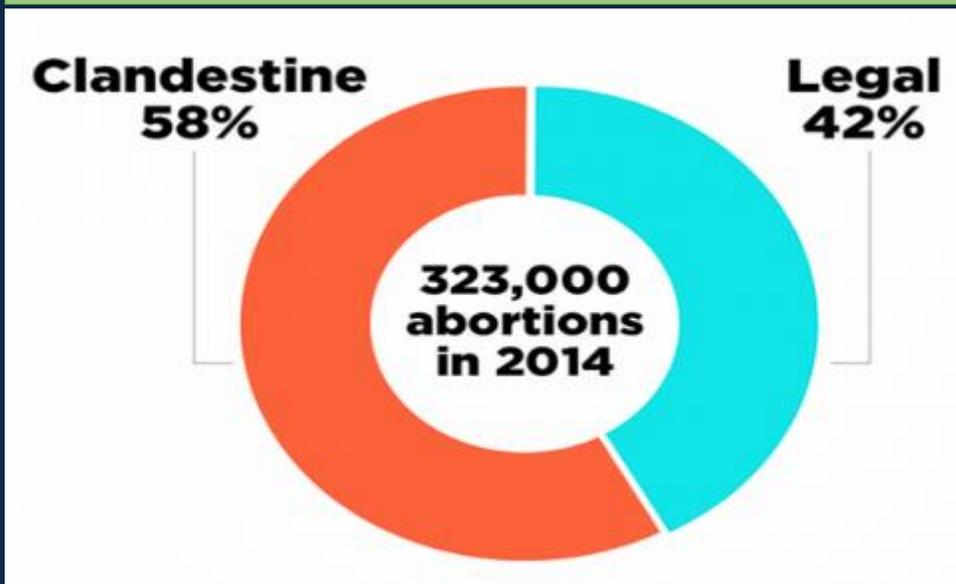


# Abortions in Nepal

- An estimated 323,000 abortions were performed in Nepal in 2014 which translates to a rate of 42 abortions per 1,000 women aged 15–49
- Nationwide, fewer than half (42%) of all abortions were provided legally in government-approved facilities. The remainder (58%) were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself.
- remainder (58%) were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself.



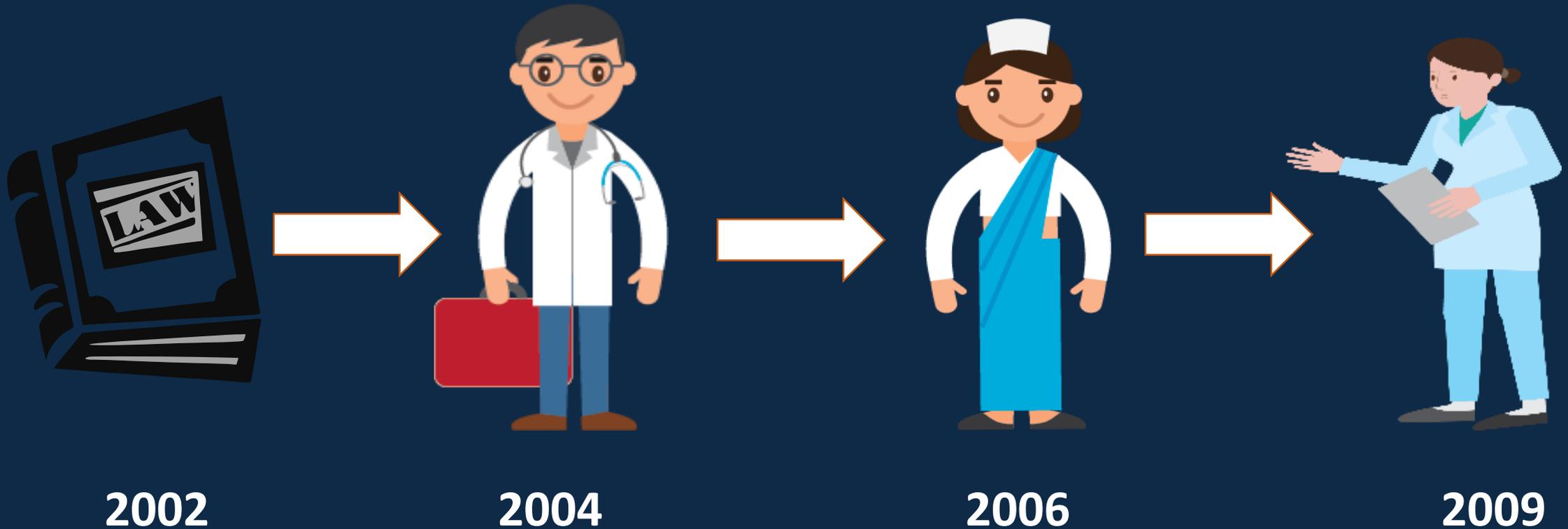
## Abortion rates in different regions



# Unsafe Abortions adversely affects women's lives

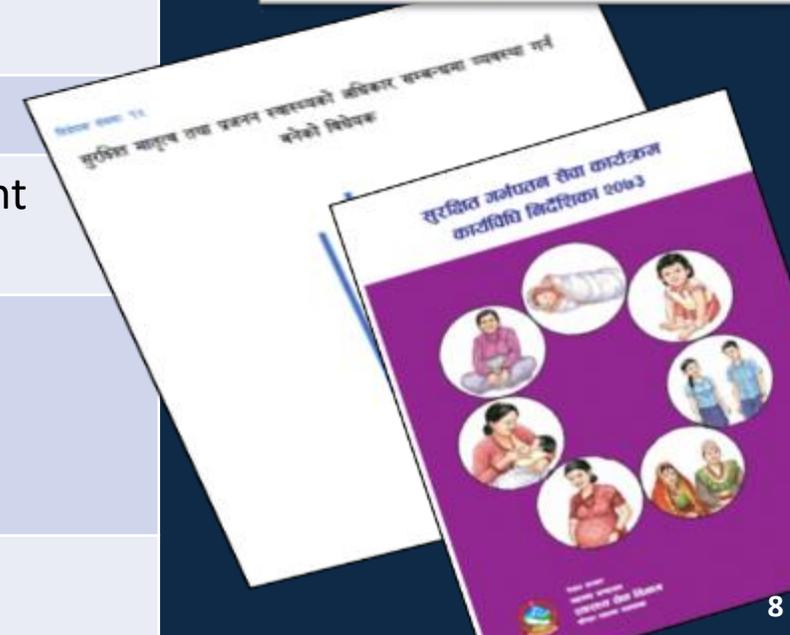
- An estimated 323,000 abortions in Nepal in 2014; 58% were clandestine;
- An estimated 80,000 women were treated for abortion related complications
- 68% of these complications were due to clandestine abortions
- 8 out of 1000 women of childbearing are treated for complications of illegal or legal abortions
- 6 – 7 % of maternal deaths due to unsafe abortions (MPDSR -2018) (MMMS,2008-09);

# Task Sharing among the Health Cadre



# Moving towards universal coverage of CAC services - A Journey

Year	Milestones
2002	<b>Legalization of abortion</b>
2003	National Safe-abortion Policy and Procedure Order
2004	First trimester legal abortion services
2006	CAC services by Staff Nurses ( <b>TASK Sharing</b> )
2007	Second Trimester SAS
2008	<b>Mifepristone and Misoprostol registered by DDA</b>
2009	MA introduced; SBA trained ANMs to provide MA ( <b>TASK Sharing</b> )
2011	National SAS Implementation Guidelines
2013	MA Drugs and Equipment Supply Guidelines
2016	SAS guidelines were revised; abortion services at free of cost in all government health facilities
2018	<b>Safe-motherhood and Reproductive Health Act</b> <ul style="list-style-type: none"> <li>•Abortion and FP services as rights</li> <li>•Will of women- no restriction due to marital status</li> <li>•Service provision without discrimination</li> </ul>
2019	Basic Health Services – includes safe-abortion and FP services



# Abortion in Nepal is a RIGHT OF WOMEN

Trimester	First Trimester		Second Trimester
<b>Period of gestation</b>	Up to 9 weeks	Up to 12 Weeks	>12 weeks
<b>Methods</b>	Medical Abortion	MVA	D&E or Medical Induction
<b>Service providers (TASK SHIFTING and sharing)</b>	Trained Senior ANM/ANM, Staff Nurse, MBBS, OBGYN	Trained Staff Nurse only up to 8 weeks MBBS, OBGYN up to 12 weeks	Trained OBGYN, MD GP working in public, NGO or Private Institution
<b>Where</b>	Registered Safe Abortion Service (SAS) facility for MA	Registered SAS facility for MVA	Registered SAS facility for second trimester (EmONC facility)

# Training Requirements

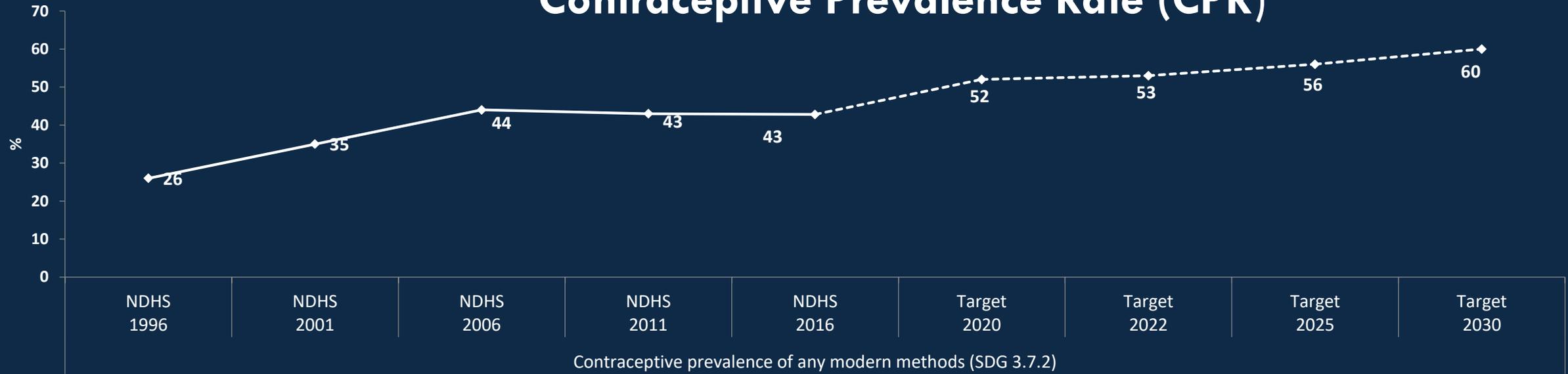
Provider	Pre requisite	MA	MVA	II trimester
OBGYN, MD GP	Registered in NMC	3 days		<ul style="list-style-type: none"> <li>▪ D&amp;E and medical induction- 12 days</li> <li>▪ Medical Induction only -7 days</li> </ul>
Physician (MBBS)	With 2 years of experience in obstetrics and gynecology	10 Days		Not applicable
Staff Nurse	SBA/ IUCD trained	14 days		Not applicable
Sr. ANM/ANM	Sr. ANM/ANM with SBA/IUCD training	5 days	NA	Not applicable

# Quality Assurance

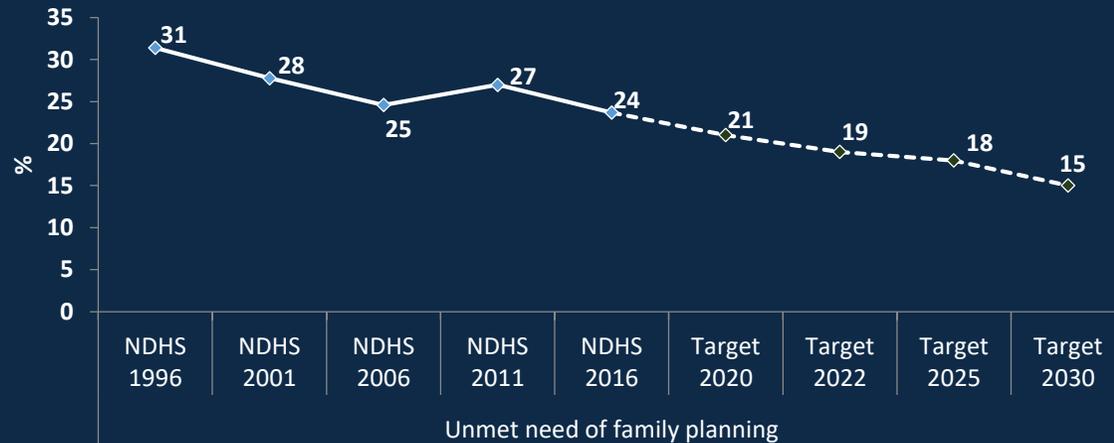
- **Training** is mandatory for all the service providers as per the norms defined by National Health Training Centre;
- **Registration of facilities and providers** is also mandatory to provide safe abortion services (MA, MVA, D&E and MI) ;
- **Specific checklists** are used for supervision and monitoring by Department of Health Services, Provincial Health Directorate, District Health Office and even by the partners

# Family planning...

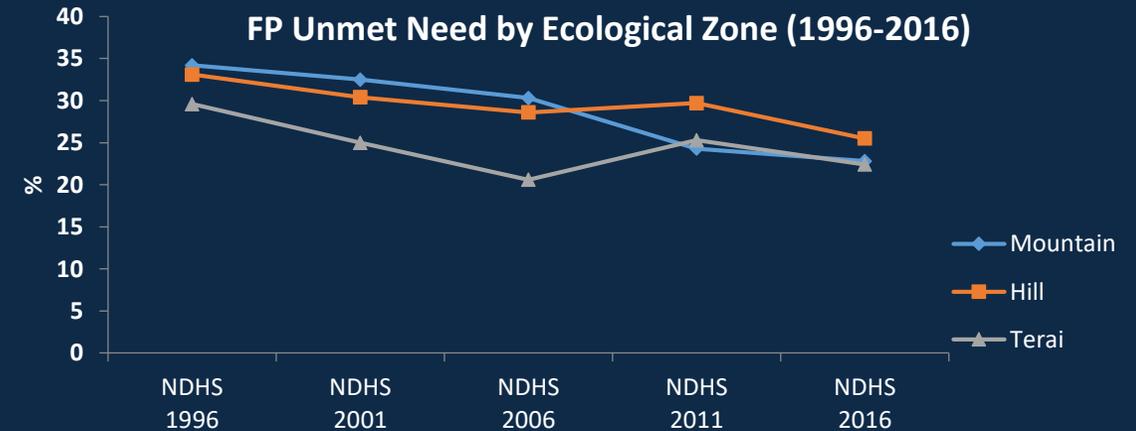
## Contraceptive Prevalence Rate (CPR)



## Unmet need for family planning



## FP Unmet Need by Ecological Zone (1996-2016)



# Post abortion Contraception

- WHO guidelines recommend that in the immediate post abortion period, if there are no complications, women can safely use a full range of contraceptive method;
- In Nepal, a full range of contraceptive methods are offered to women in post abortion period. Following methods are available in the national programme-
  - IUCD
  - Implant
  - Depo provera
  - OCP
  - Condom (male)
  - Male and Female sterilization

# Training Requirements

Provider	IUCD	Implant
OBGYN, MD GP	3 days*	3 days*
Physician (MBBS)	5 days	5 days
Staff Nurse	8 days	8 days
Senior ANM/ANM	8 days	8 days (health assistants included)

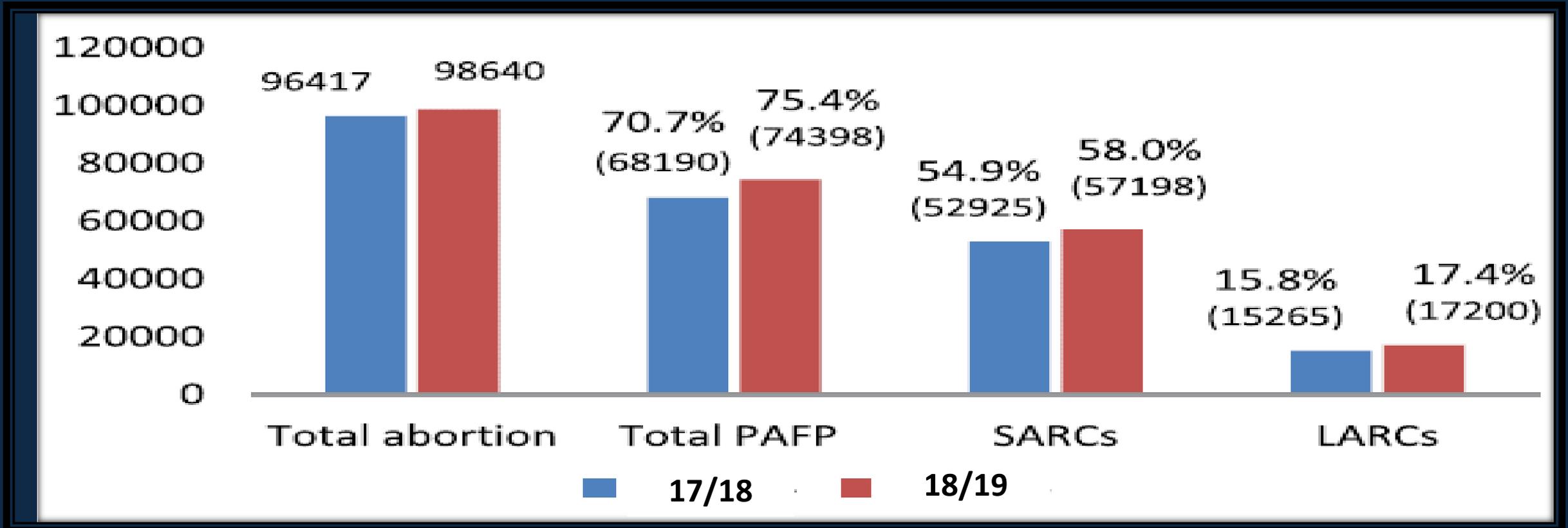
\*Skill standardization with minimum 5 practical cases

# Quality Assurance

- Training is mandatory for all the service providers as per the norms defined by National Health Training Centre;
- Specific checklists are used for supervision and monitoring by Department of Health Services, Provincial Health Directorate, District Health Office and even by the partners

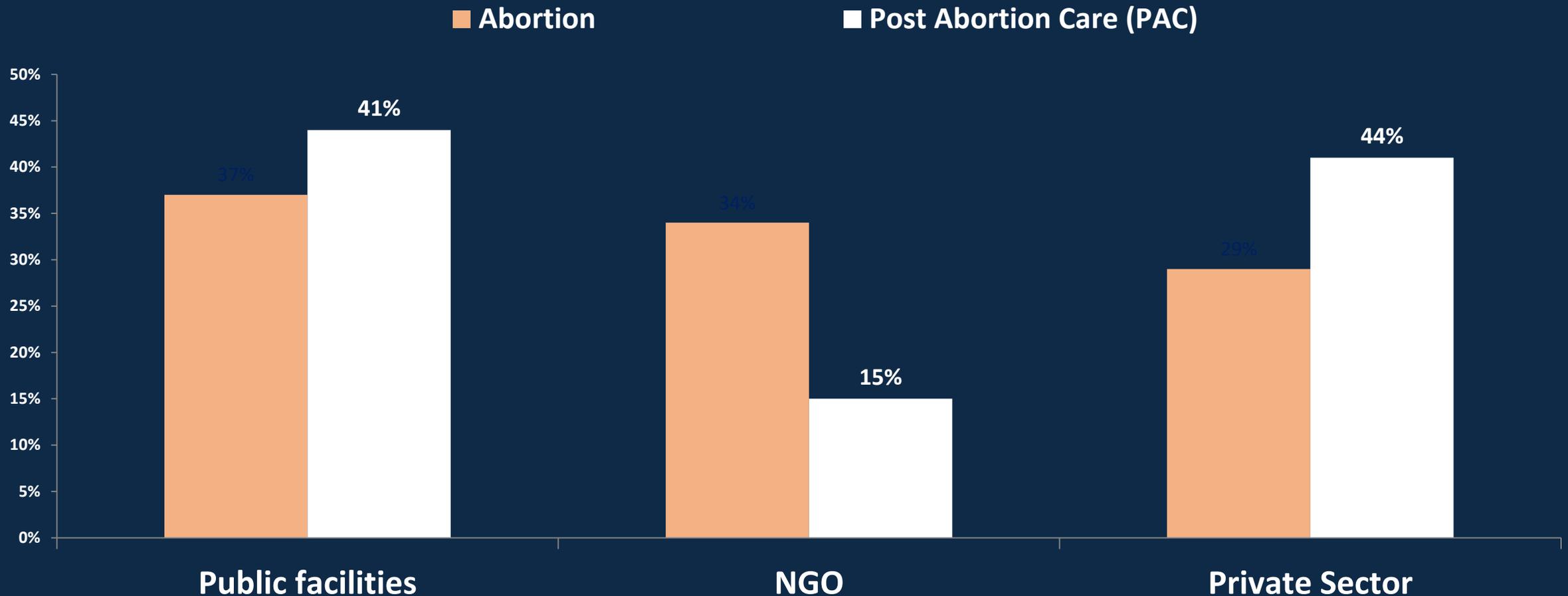
# Post abortion FP in Nepal

- Post abortion Contraceptive uptake increased to 75.4% in 2017-18 from 70.7% in 2016-2017 (Annual Reports)
- However, only 17 % of PAFP is contributed by LARCs, indicating women are opting less effective methods after abortions.



Proportion of PAFP method uptake ; 2073/74 (2016/17) to 2074/75 (2017/18)

# Place of Abortion and PAFP



Source: Guttmacher 2017 -Abortion and Unintended Pregnancy in Nepal, 2014

**About 1,100 government-approved health facilities provided Safe Abortion Services in Nepal (2014)**

# Role/contribution of professional societies in task sharing in Nepal

## Professional Societies

- Nepal Society of Obstetrics and Gynaecology
- Nursing Association Nepal (NAN)
- **Midwifery Society of Nepal (MIDSON)**
- Nepal Medical Association (NMA)

## Role/Contribution

- Engaged in technical working groups
- Members engaged in trainings as trainers
- Engaged in coaching and mentoring
- Engaged in package development of MA, IUCD, Implant.

# Challenges and plan ahead

## Challenges

## Work in progress

Strengthening service delivery in Nepal's federal context

- Empowering provinces to strengthen and regulate quality services
- Expanding service providers' base and registered Facilities

Ensuring availability of good quality MA drugs

- Strengthening supply chain
- Risk management plan for MA drugs

Strengthening pre service education

- Pilot in 5 institutions

Evidence based planning and forecasting

- Strengthening HMIS/LMIS

Improving awareness

- National communication strategy

# Conclusion

- **Task sharing is a proven strategy and being implemented in Nepal successfully for last 13 years and contributed in improving access to services in peripheral health facilities;**
- **Medical Abortion is the preferred choice, opted by 72% of women (NDHS – 2016);**
- **Trained ANMs and SNs, MO are providing PAFP in Nepal;**
- **Post abortion Contraceptive uptake increased to 75.4% in 2017-18 from 70.7% in 2016-2017 (Annual Reports)**
- **Post abortion contraception among MA users are 82% compared to 65% in surgical method (Annual Report 17/18)**

# Other Practices in Sexual and Reproductive Health Sector

- **Rural Ultrasound Services:** Started from 2011; Free Ultrasound services in rural areas attracted many pregnant women for Antenatal Checkup
- **Delivery of Long Acting reversible contraceptive through visiting service providers:** Started from 2013 in rural areas by Midwives or Staff Nurses. (Community of Home Visit)



# Other Practices in Sexual and Reproductive Health Sector

- **MS Ladies:** Trained Midwives or Nurses offering family planning services in underserved, densely populated and hard to reach areas. (Home Visit)
- **Roving Auxiliary Nurse Midwives:** provide home and community-based health services on Family planning (House hold services)
- **Institutionalization of Post Partum Family Planning/Post Partum IUD:** Providing contraceptive services immediately after birth





# Thank You



Government of Nepal  
Ministry of Health and Population  
Department of Health Services  
**Family Welfare Division**