

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**



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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%

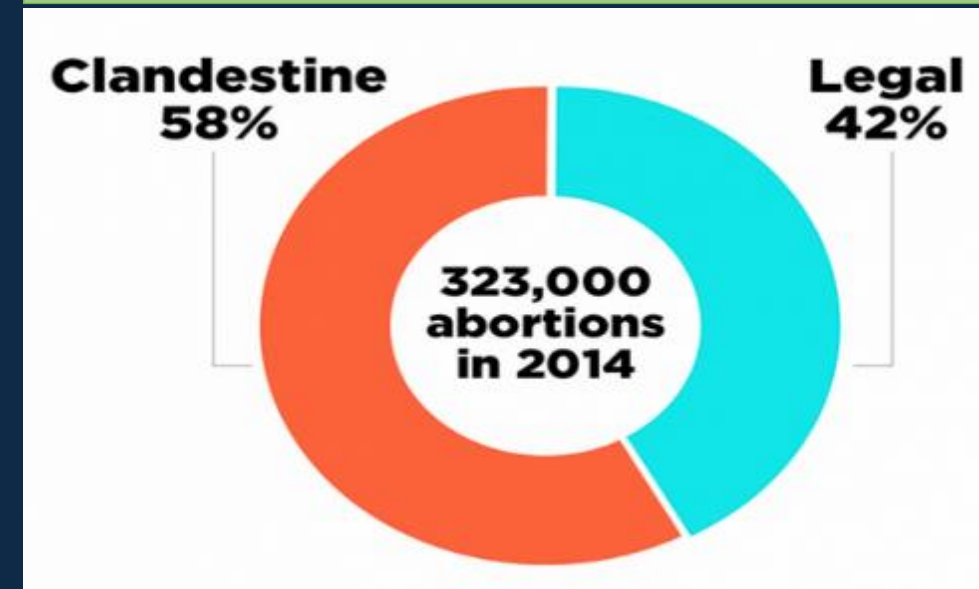


Abortions in Nepal

- 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.
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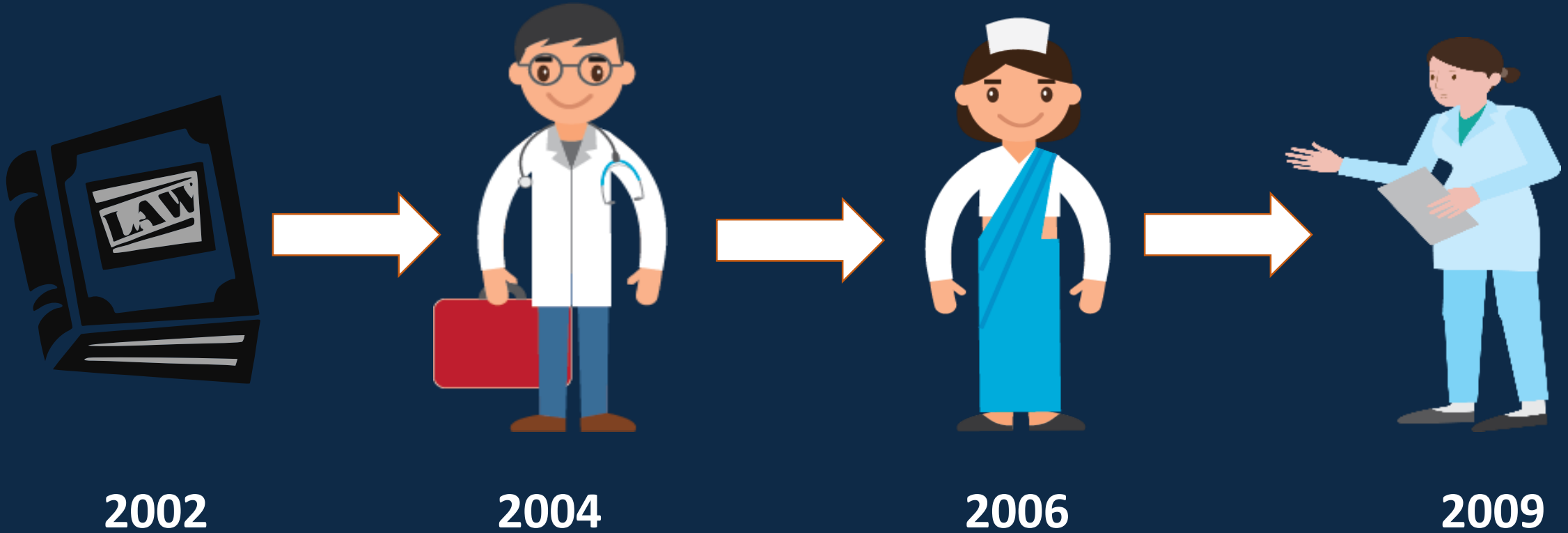
Abortion rates in different regions



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	Legalization of abortion
2003	National Safe-abortion Policy and Procedure Order
2004	First trimester legal abortion services
2006	CAC services by Staff Nurses (TASK Sharing)
2007	Second Trimester SAS
2008	Mifepristone and Misoprostol registered by DDA
2009	MA introduced; SBA trained ANMs to provide MA (TASK Sharing)
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	Safe-motherhood and Reproductive Health Act <ul style="list-style-type: none"> •Abortion and FP services as rights •Will of women- no restriction due to marital status •Service provision without discrimination
2019	Basic Health Services – includes safe-abortion and FP services



Abortion in Nepal is a RIGHT OF WOMEN

Trimester	First Trimester		Second Trimester
Period of gestation	Up to 9 weeks	Up to 12 Weeks	>12 weeks
Methods	Medical Abortion	MVA	D&E or Medical Induction
Service providers (TASK SHIFTING and sharing)	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
Where	Registered Safe Abortion Service (SAS) facility for MA	Registered SAS facility for MVA	Registered SAS facility for second trimester (EmONC facility)

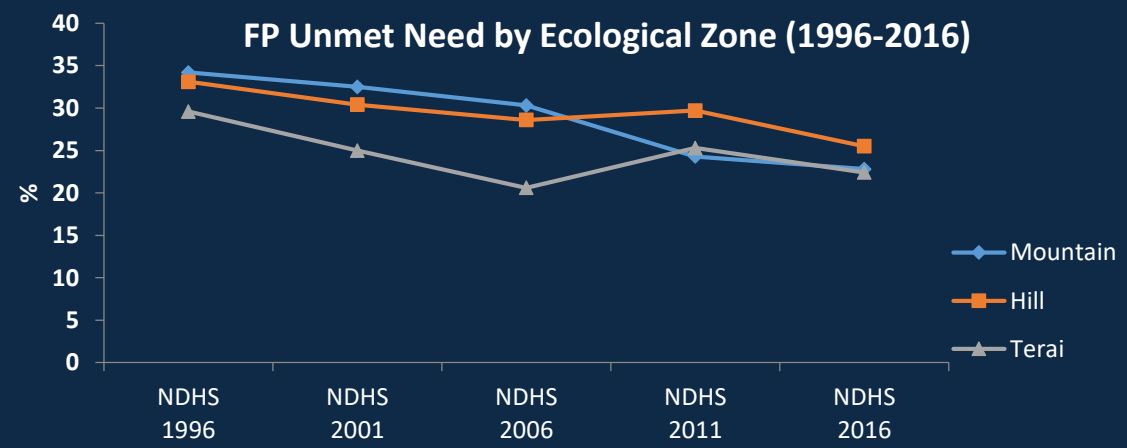
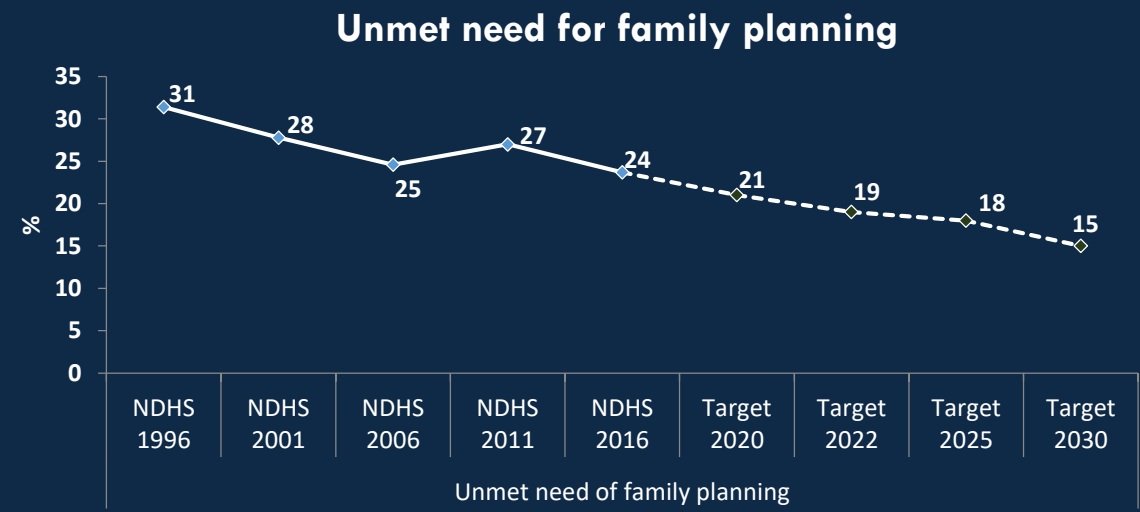
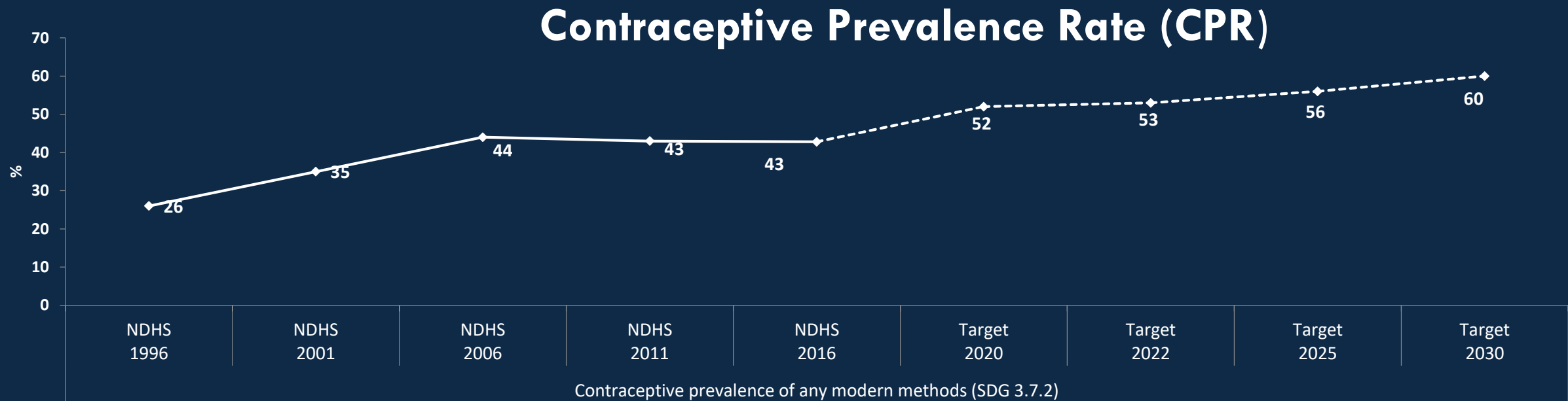
Training Requirements

Provider	Pre requisite	MA	MVA	II trimester
OBGYN, MD GP	Registered in NMC	3 days		<ul style="list-style-type: none"> ▪ D&E and medical induction- 12 days ▪ Medical Induction only -7 days
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...



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)

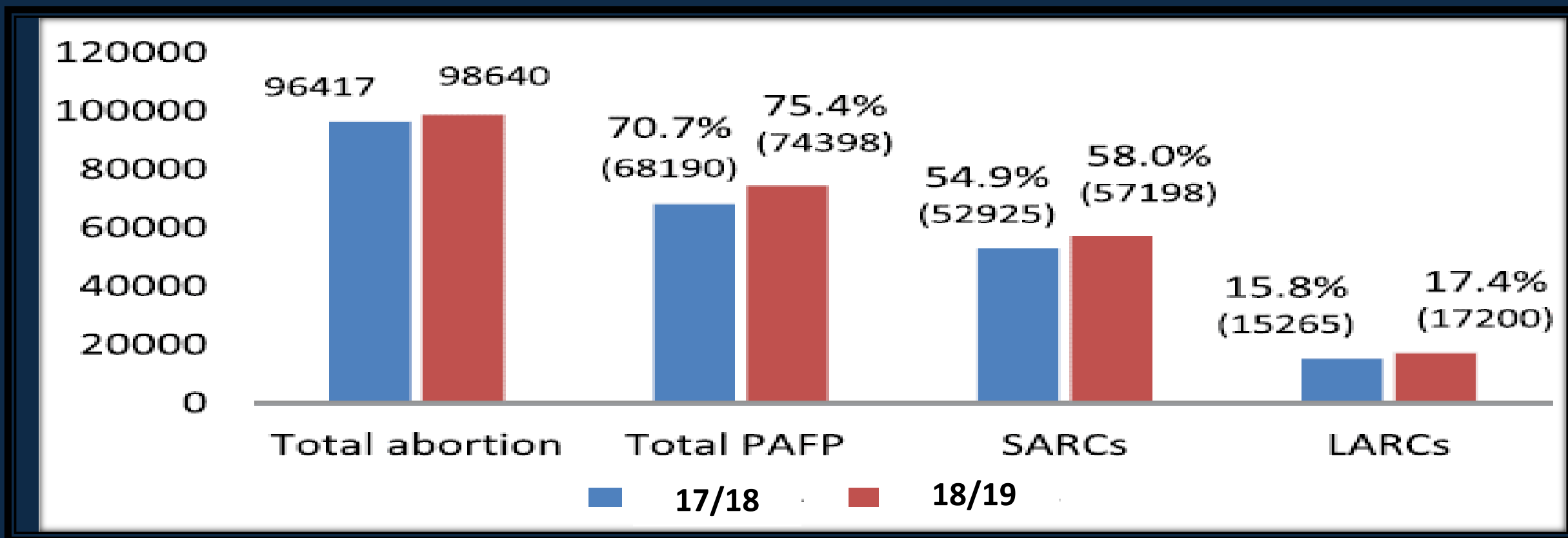
*Skill standardization with minimum 5 practical cases

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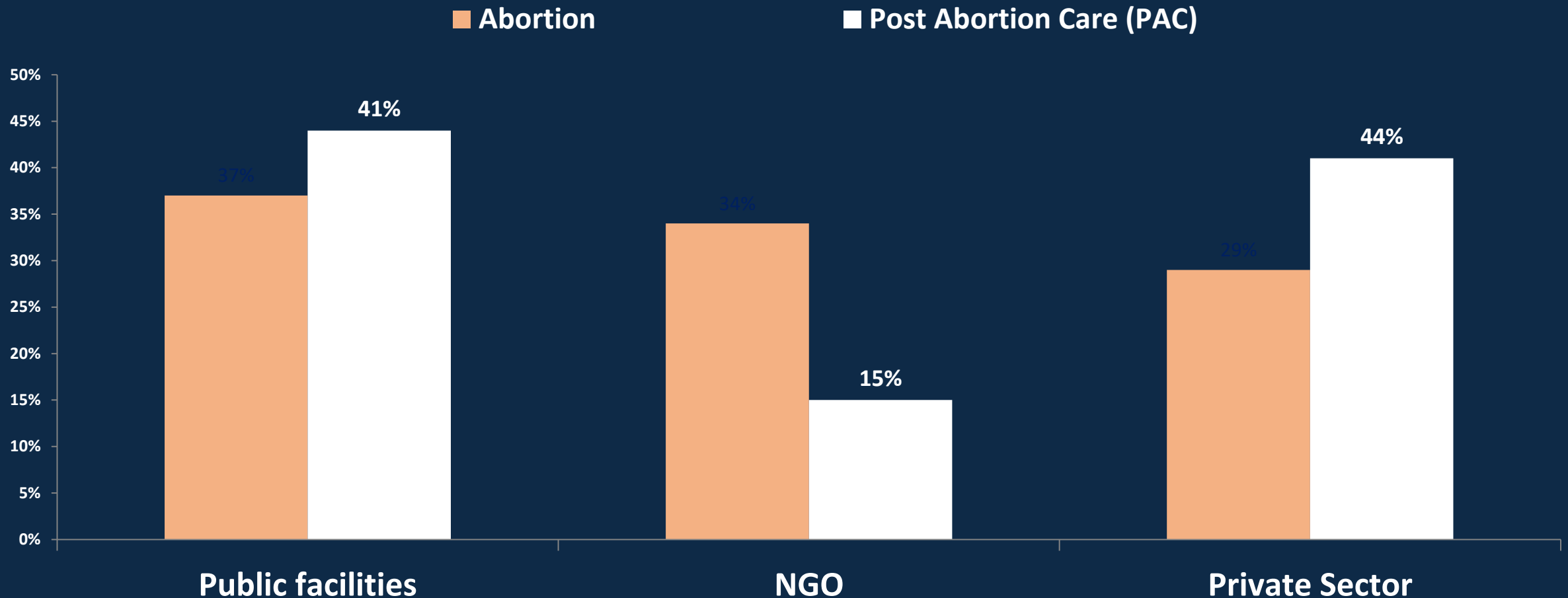
Post abortion FP in Nepal

- 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