

Increasing access to comprehensive abortion care services in India.

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Statistics are human beings with the tears wiped off - Paul Brodeur

This was an unique multistakeholder project focussing on increasing access to legal, safe and comprehensive abortion services including post abortion family planning services in the PHS with a focus on the rural poor. The partners win the project were ARTH, Population Council, CEHAT, FPA India, FOGSI, SoMI, IMCH / Uppsala University and Ipas. The project was funded by the Sida (Swedish International Development Agency) and the Packard foundation with contributions of USD 1.1 and 0.7 million respectively.

Objectives Of The Project:

- An effective district level model for Comprehensive Abortion Care (CAC), including post abortion family planning services is developed and implemented in the public health system for improving supply and demand of safe and legal abortion services in the two districts.
- Pilot models developed and implemented for expanding provider base and technology choices for safe abortion services in public health system.
- Effective implementation of MTP Rules & Regulations in two states resulting in increased access to safe and legal abortion services.
- Recommendations based on studies made to national and state governments that enables policy, legal and implementation changes.

Major Achievements:

The project achieved several major accomplishments, including:

Piloting a model for CAC service delivery in two selected districts – Aurangabad (Maharashtra) and Tonk (Rajasthan) – that:

Achieved ownership by the state governments of the district level model to ensure availability of safe abortion services at facilities where they were not available prior to the intervention.

Trained a pool of CAC-trained doctors and nursing staff regularly offering CAC services

Increased awareness among women about the legality and availability of safe abortion services at public health facilities

Increased the number of safe abortions over a period of three years, as demonstrated by an increase in abortion caseloads at public-sector health facilities.

As an example project the Rajasthan

Over 1,800 intermediaries to spread community on availability of services.

This was meetings in panchayats and groups, radio plays,

of the scale of the intervention included:

community health had been oriented awareness in the legality and safe abortion

followed by 150 village with 600 women programs, street screening of

Table 1: Key Findings from the Endline Assessment of the District-Level Intervention in Tonk, Rajasthan

Indicator	Tonk (Intervention)		Bundi (Control)	
	Baseline Aug-Nov 2007	Endline Aug-Oct 2010	Baseline Aug-Nov 2007	Endline Aug-Oct 2010
Percentage of PHCs where Medical Termination of Pregnancy (MTP) services are currently available	0	18	0	0
Percentage of PHCs with at least one MTP-trained doctor	7	42	0	8
Percentage of PHCs with Information, Communication, and Education materials on legality and availability of abortions	2	93	4	0
Total number of abortions conducted	---	107	---	---
Percentage of women who received abortion-related information through any source	20 (n=940)	25 (n=922)	17 (n=1013)	20 (n=925)
Percentage of women with awareness of surgical method of abortion	70 (n=940)	83 (n=922)	77 (n=1013)	77 (n=925)
Percentage of women who misperceive that abortion is illegal in at least one valid condition	71 (n=940)	61 (n=922)	74 (n=1013)	55 (n=1013)

* No data available. In Tonk, abortion caseload was not collected at the baseline because the PHCs were not performing. In Bundi, the control district we did not collect this data.

docudrama and display of posters and wall paintings.

Efforts aimed at awareness generation were also complemented by strengthening of services at 30 health facilities through training of medical officers and nursing staff.

In 2007 only two out of the nine rural hospitals were providing MTP services and none of the 50 PHCs in the district were offering safe abortion services.

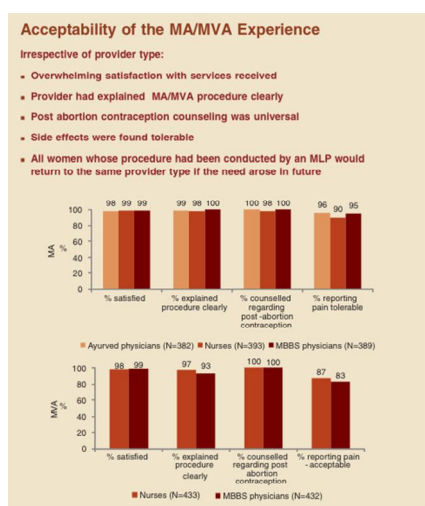
Number of CAC service delivery sites increasing from two to 24

More importantly, each block having at least one functional CAC service delivery site.

The improved access has resulted in a ten-fold increase in number of women availing CAC services at the primary level facilities.

The community awareness regarding legality and availability has significantly increased and there has been a 5% increase in women seeking services at public facilities.

A study was conducted on Expanding the Medical Abortion (MA) provider base in India: Evidence



of the feasibility of provision of MA by Ayurved physicians and Nurses. The principal investigators were Shireen Jejeebhoy, Shveta Kalyanwala, Jaydeep Tank, Shuchita Mundle. The study is complete and is to be published in International Perspectives on Sexual and Reproductive Health Contraception

The other achievements of the project were:

- Conducting a situational analysis of the available resources for medical termination of pregnancy (MTP) in the states of Rajasthan and Maharashtra that highlighted poor reporting standards of MTP cases, mostly because government officials were not aware of the reporting requirements
- Advocating among the nursing cadre to keep abortion on their agenda, which was supported by the Federation of Obstetric and gynecological Societies of India (FOGSI) issuing a statement supporting the role of midwives in abortion care
- Increasing awareness of the national MTP Act among district-level officials through advocacy workshops, which helped increase the number of sites approved to offer legal abortion services in the private sector in the two intervention states.

The project made several recommendations key amongst which were

- Advocacy for expansion and adoption of the CAC model beyond Maharashtra and Rajasthan
- Research on selected topics, including community-level abortion stigma and CAC service provision by midlevel providers

- Institutionalization of safe abortion into NRHM with a focus on developing data collection mechanisms and integrating communication campaigns on safe abortion
- Special interventions to test innovations like behaviour change communication (BCC) campaigns to enable and support women to access safe services
- Advocacy to improve implementation of the MTP Act and distinguish between abortion and sex-selection legislation
- Expanded partnerships to involve organizations that currently do not include safe abortions in their agenda

The FIGO Initiative:

The FIGO project has been rebranded as the FIGO initiative for prevention of unsafe abortion. Dr Jaydeep Tank has been the FOGSI representative to the project since its inception. The lead for the project at the FIGO board is Prof Anibal Faundes from Brazil. The project has the mission to Coordinate activity and move it in an appropriate direction Communicate between the various stakeholders and ultimately build a sense of Community. Amongst its various and multilayered objectives are objectives like promoting a positive attitude toward unsafe abortion and awareness of legality & availability of safe abortion of the media, policymakers and general public, Promoting contraceptive usage in districts of with CPR below 30%, to update physicians and promote the newer methods of second trimester abortion and to consolidate achievements and facilitate access to safe and legal abortion.