



**attributed to decreased sales of MA drugs from chemist outlets.** Key reasons include closure of outlets, disruption of supply chain of drugs, as well as restriction in transport services. Due to stigma, women/their partners avoid neighborhood chemist shops and prefer a more distant/less frequented outlet for buying MA drugs – restriction in transport facilities impact their ability to access the outlet of choice. **The remaining 20% (nearly 370,000) can be attributed to facility-based abortions: 16% to private health facilities, while 4% due to reduced access to public health facilities.** Lack of preparedness and resources for COVID-19, particularly unavailability of protection gear for providers, mandatory COVID-19 testing arrangement and patient care arrangements, are key barriers for private set-ups; while redeployment of health facilities and staff for COVID-19 care compromise abortion access in the public sector.

The findings indicate an improvement in abortion access with successive time periods. While 59% of the total compromised abortions (nearly one million) were during the first 40 days of the lockdown period, when the whole country was under the strictest conditions, the compromise is likely to reduce to 33% in the recovery period – in line with relaxations in government guidelines.

The compromise in abortion access due to COVID-19 and its management has a direct impact on the reproductive lives of women. We expect the compromised access to result in five possible scenarios:

- Women are able to access abortion, albeit a little delayed, but from their preferred point of care
- Women are able to access abortion, but not as per their initial preference. While MA outside the facility is the preferred method for majority of women, delayed access may result in exceeding the permissible limit of nine weeks and they may have no choice other than a facility-based surgical abortion.
- More women would require second trimester abortions (beyond 12 weeks)
- Some would have to continue their unintended pregnancy
- Some would resort to unsafe abortions

Even in normal times, accessing an abortion at an approved facility is challenging and becomes even more difficult for services beyond 12 weeks. It is therefore imperative to gear up the health system to ensure it can meet the evolving needs of women, particularly second trimester abortion. Our key recommendations:

- Rapid mapping of facilities (public and private) to identify geographic distribution of those offering first or second trimester abortion.
- Assessing public and private facility preparedness and strengthening services, especially for second trimester abortions.
- Informing women and their partners about availability of services.
- Strengthening referral linkages to enable women seeking abortion to access safe, legal services.
- Streamlining the supply chain and ensuring availability of MA pills and contraceptives.
- Including mechanisms to offset additional travel and out-of-pocket expenditure.

Most importantly, we need continued advocacy with government and key stakeholders to prioritize the need to rapidly restore abortion services with focus on shifting needs of women.

Complete report available here: [Compromised Abortion Access due to Covid-19](#)

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