Making Abortions Safer

The Way Forward

Ipas India

Protecting women's health
Advancing women's reproductive rights

Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality, and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment.
Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive health choices.

Ipas is a registered 501(c)(3) nonprofit organization. All contributions to Ipas are tax deductible to the full extent allowed by law.

For more information or to donate to Ipas:

Ipas India
P.O. Box 8862
Vasant Vihar
New Delhi 110 057, India
phone: 91.11.4166.2006
fax: 91.11.4166.1711
e-mail: ipasindia@ipas.org

Ipas
P.O. Box 5027
Chapel Hill, NC 27514, USA
1.919.967.7052
ipas@ipas.org
www.ipas.org

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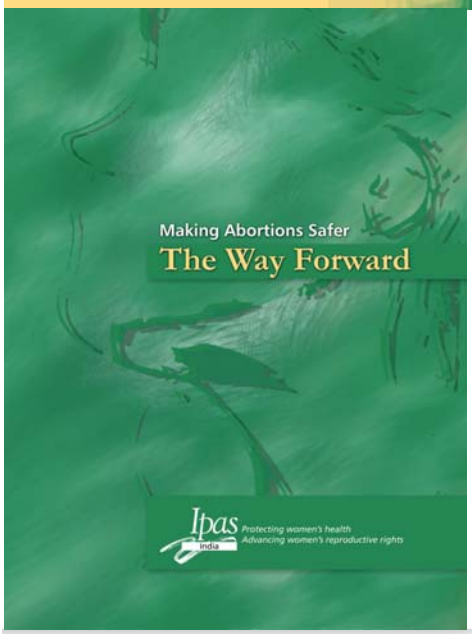


Day Two

Foreword

While abortion has been legal in India for the past 36 years, safe and legal abortion services are still not readily available, especially to poor, rural women. Unsafe abortion endangers four million women in India every year, damaging the health and future fertility of thousands and causing an estimated 12,000 preventable deaths. In the past six years, Ipas has been fortunate to work with partners from both, the public and private sector, to increase the number of trained and equipped providers and expand the availability of comprehensive abortion care.

The workshop, 'Making Abortions Safer: The Way Forward', held on 5-6 May 2008, was a wonderful opportunity to commemorate the accomplishments with the partners and to gain a deeper understanding of the challenges faced and the lessons learnt. The workshop was well attended, with enthusiastic participants from the Ministry of Health, Government of India; State Government officials from Bihar, Jharkhand, Uttarakhand, Madhya Pradesh, Maharashtra, Gujarat, and Uttar Pradesh; representatives of donor agencies, FOGSI, Population Council, ARTH, PFI, and CINI.

We are pleased to present the highlights. The workshop provided a platform for policymakers and program managers to deliberate upon the enabling environment, examine lessons from the past, suggest interventions needed to facilitate safe abortions,

and explore strategies that will help expand the availability of safe abortion care, progressing towards our ultimate goal of making abortions safer, more accessible, and affordable for all women and empowering women to exercise their sexual and reproductive rights.

Though the report is primarily for the participants of the workshop, we hope it will also serve as a general reference, capturing the experiences of a variety of interventions targeted at increasing access to safe abortions and strategic recommendations to accelerate the pace of change and undertake programmatic actions to expand the availability of safe abortion services and enable women to prevent and manage unwanted pregnancy.

Ipas India hopes that as one of the first countries to legalize abortion, India takes a leadership role in ending unsafe abortion.

Vinoj Manning
Country Director
Ipas India

Genesis

The genesis of this workshop lies in the National Conference on 'Making Early Abortion Safe and Accessible', organized in Agra in October 2000 by the Ministry of Health and Family Welfare, Government of India, Parivaar Seva Sansthan (PSS), and Ipas. The Agra workshop of 2000 was successful in bringing the agenda of safe abortions to the forefront and, at the same time, also proposed several key strategic recommendations that helped improve access to early and safe abortions in the country. In the eight years that have followed, significant gains have been made, both at the policy and the operational levels. These include:

- The introduction of medical abortion with the administration of Mifepristone and Misoprostal for the early termination of pregnancy

- An amendment to the Medical Termination of Pregnancy (MTP) Act 2002 leading to decentralization and simpler site certification processes; segregation of requirements for sites offering up to 12 and 20 weeks abortions; and devolving the powers of approval of private sites to Chief Medical Officers (CMOs)

- Integrating safe abortion services within the National Rural Health Mission/ Reproductive & Child Health–II (NRHM/RCH–II) program and strengthening safe abortion training capacities to train and certify MBBS doctors

Each of these developments has the potential to significantly impact the access and provision of safe abortion services across the country by revolutionizing the way women manage unwanted pregnancy; liberalizing the law and ensuring increased availability of trained providers. However, despite these gains, safe abortion continues to remain an unfulfilled dream for many women in India, especially with a reported two-third of abortions first being attempted either at home or done by backstreet abortionists. Additionally, newer threats such as the campaign on preventing sex selection are also threatening to mistakenly target access to early and safe abortions. Within this contextual reference, the workshop on 'Making Abortions Safer: The Way Forward' aimed to:

- Deliberate upon strategies to accelerate the pace of progress to reach the goal of making early and safe abortions accessible to all women in the country
- Review the lessons learnt and the challenges faced by programs and interventions addressing the issue of safe abortions
- Share and celebrate the achievements of these interventions

Day One

Workshop Structure

Inaugural Session

Welcome Address by Vinoj Manning, Country Director, Ipas

Introduction by Participants

Opening Remarks by Elizabeth Maguire, President and CEO, Ipas

Session 1: The Journey So Far (1)

Chairperson: Manisha Panwar, Secretary, Health, GoUK

Pilot to Scale-up: Experiences in Maharashtra by Dr D.S. Dakhure,
Additional Director, State Family Welfare Bureau, GoM

Universalizing Access to Safe Abortion Services in the Public Sector by Dr S. Dutta,
Nodal Officer and State Immunization Officer, GoUK

Session 2: The Journey So Far (2)

Chairperson: Nidhi Khare, Special Secretary and Mission Director, GoJ

Piloting MA Services in the Public Sector in Jharkhand by Dr N.N. Agarwal,
Director, Rajendra Institute of Medical Sciences, Jharkhand

Does Training Lead to Service Delivery? by Dr Sushanta K. Banerjee,
Advisor, Research and Evaluation, Ipas

Session 3: The Journey So Far (3)

Chairperson: Alka Upadhyay, Commissioner, Health, GoMP

Translating Law into Reality by Dr S.K. Shrivastava,
Joint Director, Reproductive and Child Health, GoMP

Facilitating Medical Abortion in the Private Sector by Dr Jaydeep Tank,
Chairperson, MTP Committee, FOGSI

Catching Them Young by Dr Ameeta Joshi,
Officer on Special Duty, Directorate of Medical Education and Research, GoM

Session 4: Enabling the Environment

Chairperson: Dr K.K. Shukla, Director (FW), Directorate of Health Services, GoMP

Advocating for Safe Abortions by Dr Nozer Sheriar, Treasurer, FOGSI

Accelerating Safe Abortion Access through Policy Interventions by Dr Manisha Malhotra, Assistant Commissioner, Maternal Health, GoI

Session 5: Challenges for the Future

Chairperson: Shomita Biswas, Joint Secretary, Family Welfare, GoM

Strategies to Accelerate Safe Abortion: Access and Choice by Mary Luke, Executive VP, Programs, Ipas

Holding Ground: Building the Platform for a Campaign on Safe Abortion by Dr S. Iyengar, Director, ARTH

Expanding the Provider Base by Dr Shireen Jejeebhoy, Senior Associate, Population Council

Day Two

The Way Forward

Moderator: Lester F. Coutinho, Country Program Advisor, The David and Lucile Packard Foundation

Discussions on: Identifying Strategic Direction for Expanding Access

Breakaway Groups: Group Work

Key Recommendations: Presentation by Groups

Summing Up

Reflections on Proposed Strategies by Billy Stewart, Health and AIDS Advisor, DFID

Summing Up the Workshop by Elizabeth Maguire, President and CEO, Ipas

Vote of Thanks by Dr Sangeeta Batra, Advisor, TSDI, Ipas

Day One

Workshop Proceedings

Inaugural Session

Setting the workshop rolling, Dr Neeta Bhatnagar, Ipas TSDI Advisor, invited Ipas Country Director Vinoj Manning to welcome the participants

Welcoming the delegates on behalf of the Ipas team, Vinoj Manning said that it was a special privilege and an honor to have such a distinguished audience who took time out to be a part of the workshop.

Taking the entire group into a brief journey down memory lane, Vinoj set the context to the workshop by referring to the National Conference on 'Making Early Abortion Safe and Accessible', organized in Agra in October 2000 by the Ministry of Health and Family Welfare, Government of India, PSS, and Ipas. He recalled the several key strategic recommendations that were the outcome of that workshop.

Bridging both the workshops, Vinoj said that the Agra workshop was successful not only in bringing the agenda of safe abortions to the forefront but it also resulted in improved access to early and safe abortions in the country. Enumerating some of the most significant gains made both at the policy and operational levels in the last eight years, he said that the MTP Act amendment in 2000, coupled with the approval of medical abortions and operationalizing safe abortion services under NRHM/RCH–II, helped providing the much required thrust to the provision of safe abortion services.

Highlighting the expected outcomes of this workshop, Vinoj urged the participants to use this opportunity to deliberate on strategic interventions to take abortion access to the 'next level'.

In his concluding remarks, Vinoj set the context to the workshop by asking the participants to make the deliberations a 'tipping point' in making a difference in the maternal morality of our country.

In just the five states[1] where we are present, in the last five years more than 1,500 doctors have been trained and certified. This roughly translates into around 900 new additional sites providing free safe abortion services and most of these are in rural areas

Vinoj Manning
on the crucial role of NRHM

[1] The five states are: Bihar, Jharkhand, Maharashtra, Madhya Pradesh, and Uttarakhand.

The welcome address was followed by a round of self introduction, which was indeed unique. The participants not only introduced themselves but also spoke about the one change they would like to see in the lives of the women they serve. The underlying objective of this exercise was to reiterate that the workshop was 'centered around the woman we serve'. Each individual thought was captured as a collage and was prominently displayed in the hall on both the days.

After the round of introductions, Vinoj briefly introduced Elizabeth Maguire, Ipas President and CEO, and requested her to address the audience.

Liz Maguire started by reminiscing about her previous trip to India in 2003 when Ipas had a rather small program. Working with partners for five years has helped Ipas to enormously expand its programmatic presence from just a few districts to multiple states.

Acknowledging the role of the partners from both, the public and private sector, in the commendable progress that has been made in increasing the number of trained and equipped providers and expanding the availability of comprehensive abortion care, Liz said that it was a wonderful opportunity to celebrate the accomplishments with the partners and gain a deeper understanding of the challenges faced and the lessons learnt.

She added that the theme of the workshop mirrors Ipas' global goal and pointed out that Ipas has considerable global experience and technical expertise that the partners can tap into while exploring avenues of increasing the providers' base through training of Obstetrician-Gynecologists (Ob-Gyns) and general practitioners, including mid-level providers. She said that she was especially pleased to see that medical abortion is high on the agenda of the partners and also for this workshop.

> *Ipas' focus worldwide is to strengthen training capacity, translate laws into action, promote safer technologies, expand the provider base, increase the availability of new technologies such as medical abortion, and reach younger people such that safe abortion access is a reality for women. The theme of this workshop mirrors Ipas' global goal of making abortions safer such that no woman has to risk her life or her health because she lacks safe reproductive choices or access to safe services*
>
> **Liz Maguire**
> *on Ipas' program priorities*

Liz declared that medical abortion is Ipas' highest programmatic priority because similar to the impact oral contraceptives had in enabling women to take charge of their reproductive decision in the 1960s, in the present day medical abortion has the potential to revolutionalize a woman's ability to manage unwanted pregnancies.

Setting the tone for the workshop, Liz drew the attention of the participants to the huge challenges that still existed and said that unsafe abortions remains a "real reality" and a major issue for Indian women. She said that she would look forward to hearing from the partners, their recommendations and suggestions about 'the way forward'. Liz said that she was sure that the deliberations and discussions will "make a difference in the women's lives".

After the welcome addresses, the agenda for the day unfolded with Session 1.

Session One

The Journey so Far (1)

Chairperson

Manisha Panwar,
Secretary, Health, GoUK

Presenters

Pilot to Scale-Up: Experiences in Maharashtra
Dr D.S. Dakhure,
Additional Director, State Family Welfare Bureau, GoM

Universalizing Access to Safe Abortion Services in the Public Sector
Dr S. Dutta,
Nodal Officer and State Immunization Officer, GoUK

Pilot to Scale-Up: Experiences in Maharashtra

Dr D.S. Dakhure took the participants through Maharashtra's journey in scaling-up the project from a small pilot initiative in two districts to covering all the districts of the state. Briefly glancing over the demographic indicators, he highlighted an interesting aspect that made the state somewhat unique. Thirty per cent of all approved MTP sites in the country are in Maharashtra while only 10 per cent of India's population resides in the state. Further, 50 per cent of approved MTP sites are located in the state capital itself.

Thirty per cent of all approved MTP sites in the country are in Maharashtra while only 10 per cent of India's population resides in the state. Further, 50 per cent of approved MTP sites are located in the state capital itself

Dr D.S. Dakhure
on uneven distribution of safe abortion sites

Dr Dakhure shared that after a successful pilot in Pune district, the state scaled-up the safe abortion services to other districts, starting with Emergency Obstetric Care (EmOC) Primary Health Centers (PHCs). He said that over the last four years, the state has operationalized 20 training sites, which are providing safe abortion training to the services providers. By 2010, Maharashtra aims to operationalize 25 training sites, train 1,325 service providers, and activate 945 new service delivery points. He explained that the key measures for the success of the project were standardization of Comprehensive Abortion Care (CAC) training; developing detailed district level training plans; streamlining Manual Vacuum Aspiration (MVA) procurement; scaling-up information, education, and communication (IEC) activity, and regular review meetings at the state and district level.

Chairperson's Comments

Manisha Panwar commended the state's efforts that have led to a 10-fold increase in the number of training sites in just four years. She further said that it was evident that the state was working hard towards attaining the targets that it has set for 2010.

Universalizing Access to Safe Abortions in Uttarakhand

Dr Sushma Dutta outlined the demographic profile of the state of Uttarakhand, which presented a contrasting picture to that of Maharashtra. In Uttarakhand, 6.3 million people (out of a total population of 8.5 million) live in rural areas. Nine out of 13 districts do not have a private sector presence, signifying an overwhelming dependence on public sector health facilities. The situation was even more worrisome as only 4 out of 47 PHCs and 14 out of 46 Community Health Centers (CHCs) were providing MTP services.[2] 'Lack of training' was reported as one of the major reasons (83 per cent)[3] for not providing MTP services. The state partnered with Ipas in 2006 and aggressively embarked on an ambitious CAC training program.

Dr Dutta said that till date 98 doctors have been trained in CAC and was pleased to share that currently all 25 major hospitals, 26 out of 51 CHCs, and 15 out of 47 PHCs across the state, are offering safe abortion services. Another aspect that she emphasized was the state's focus on providing quality abortion services. She said that the state wanted to go "beyond the numbers" and provide quality services because that is what comprehensive abortion care is all about. In an effort to increase the provider base, Dr Dutta suggested that the states need to explore the possibility of involving Homoeopathic and Ayurveda doctors. She said that these qualified doctors could be trained in areas such as counseling and infection prevention and, if the Medical Council of India (MCI) allowed, then they can even be trained in the MTP procedure. In her concluding slide, she reiterated the state's commitment that, "No woman should suffer because of unsafe abortion in Uttarakhand."

> *In an effort to increase the provider base, the states need to explore the possibility of involving Homoeopathic and Ayurveda doctors*
>
> 
>
> **Dr Sushma Dutta**
> *on options to expand the provider base*

Chairperson's Comments

Manisha Panwar said that even though the program was relatively 'young' as compared to the one in Maharashtra, the joint efforts of the state and Ipas has led to significant progress. She went on to highlight two key areas where the efforts of Ipas have played a crucial role in ensuring the success of the program. First, the post-training follow-up that Ipas does with the providers and, second, the coordination with the Government about the supply of required equipment.

Declaring the house open for discussion, Manisha invited the group to deliberate on ways to increase the availability of safe abortion services, in light of the shortage of MBBS doctors at the PHC level. She wondered whether one should consider qualified service providers from other streams of medicine to be trained and certified to provide services.

[2] Baseline assessment covering 120 sites, conducted in September 2006 in collaboration with Ipas.
[3] Ibid.

Discussions

Dr Nozer Sheriar, FOGSI

Dr Nozer Sheriar informed the house that the possibility of involving practitioners from other streams and nursing staff is being considered by an expert group formed by the GoI to examine and propose amendments to the MTP Act. He mentioned that the Federation of Obstetrics and Gynecology Societies of India (FOGSI), as part of the group and in other forums as well, is very supportive of expanding the available provider base by training and certifying appropriate mid-level providers. He highlighted two aspects that need to be considered. First, the identification of the type of mid-level providers who have the potential of being abortion providers. With specific regard to Ayurveda (Ayush) doctors, he said there was some difference of opinion even among the Ayush doctors themselves. The proposal was that at least the cadres that have obstetrics as a part of their curriculum could be the ones who could be considered. He quoted that Ayurveda has a course in obstetrics and also has a post-graduate degree in obstetrics. Dr Sheriar felt that this could be a way forward.

He then drew attention to another issue that he felt had been completely ignored, that of the considerably large pool of MBBS doctors in both the public as well as private sector, who cannot be called mid-level providers yet have been overlooked for too long. He proposed giving all MBBS doctors access to the provision of medical abortions as it will immediately unleash a huge pool of qualified and trained abortion service providers. Dr Sheriar also suggested that a special certification for medical abortion, doing away with the need for 25 cases, should be promulgated for these providers.

Dr C.N. Purandare, FOGSI

Seconding Dr Sheriar's suggestion of certifying MBBS doctors for medical abortion with minimal training, Dr C.N. Purandare said that FOGSI is also open to the inclusion of mid-level providers in the provision of MTP with required training. He informed the participants that some Ayurveda obstetric specialists are even performing hysterectomies. MTP being a comparatively less complex procedure, the Ayurveda stream of doctors with obstetrics in their curriculum can easily be trained. He also suggested reducing the cumbersome procedure for site certification as the first step to increasing the provider base, suggesting an online approval mechanism that is faster and involved minimal or no paperwork. Moving further, he suggested popularizing MVA as a safe technology option.

Dr Nayarra Shakeel, GoUP

Speaking about the shortage of MBBS doctors, Dr Nayarra Shakeel shared that in UP a pilot program is currently under way for involving Ayush doctors for the provision of EmOC care at CHCs and is exploring the possibility of providing these doctors with basic EmOC training. Dr Shakeel said that if that happens, even MVA training can be made a part of the EmOC training.

Dr Sharad Iyengar, ARTH

Dr Sharad Iyengar was of the opinion that from among the 'pool of MBBS doctors' many are often not physically present at their PHCs. He highlighted a lack of female doctors at the PHC's level as an access barrier. He also spoke of social barriers to accessing MTP services from male doctors. He suggested considering the pool of midwives, a cadre that comprises mostly women themselves, as a possible option for overcoming this social barrier. Second, he went on to stress the criticality of public and private sector sites reporting MTP cases on a regular basis.

The Journey so Far (2)

Chairperson

Nidhi Khare,
Special Secretary, Health and Family Welfare and
Mission Director, NRHM, GoJ

Presenters

Piloting MA Services in the Public Sector in Jharkhand
Dr N.N. Agarwal,
Director, Rajendra Institute of Medical Sciences, Jharkhand
Does Training Lead to Service Delivery?
Dr Sushanta K. Banerjee, Advisor, Research and Evaluation, Ipas

Piloting MA Services in the Public Sector in Jharkhand

Low contraceptive prevalence, high incidence of induced abortions, and limited access to services in tribal areas were the key issues to which Dr N.N. Agarwal drew the attention of the participants in the initial slides. He also highlighted the extremely low levels of awareness with regard to the legality and availability of safe abortion services. In this context, Dr Agarwal suggested that medical abortion is a revolutionary technology that would provide women with a private, safe, and non-invasive option.

Dr Agarwal was of the view that the availability of Medication Abortion (MA) services through the public sector will help establish MA services at all levels and make this option available to a wide section of the population. Drug procurement and infrastructure, knowledge update to providers, information to women, and referral linkages were the key essentials for ensuring MA access, enumerated Dr Agarwal.

Informing the group about the components and progress made in Jharkhand in a pilot project on MA services in the public sector, Dr Agarwal said that the expected outcomes from the pilot are establishing feasibility of providing MA at all levels of health care, developing MA training curriculum and client information materials, MA service delivery protocols, guidelines, a routine monitoring and reporting system, and the documentation of lessons learnt for scaling-up services at all levels of the public health system in Jharkhand and other states.

Chairperson's Comments

Nidhi Khare said that as the MA project is at a very nascent stage, it will be interesting to see the results of this initiative in the coming years.

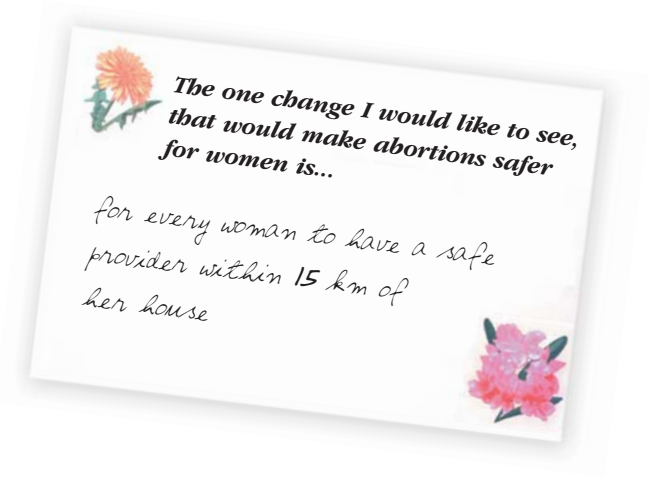
Getting the sustainable and permanent system of drug procurement for the public health system in place is essential

Dr N.N. Agarwal
on challenges in implementation

Does Training Lead to Service Delivery?

Attempting a reality check on the 'million dollar question', Dr Sushanta Banerjee's presentation highlighted various indicators that actually impacted service delivery post-training. Appreciating the efforts of all the partners, Dr Banerjee said that 52 training sites activated across five program states translates into one training site being activated each month. Over 1,500 doctors trained meant that every second day five new doctors are being certified to provide safe abortion services and over 50 per cent of all trainees were from rural areas (PHCs and CHCs). He added that this was no mean feat, given the challenges faced by the officials.

Answering the 'million dollar question', Dr Banerjee informed the participants that the analysis of pilot trainee tracking data proved that 83 per cent trainees went on to provide services. Also, contrary to common belief, the 'sex of provider' and 'transfer of trainees' did not have a significant impact on service delivery. He further said that after conducting a multivariate analysis (logit model) to assess the significant attributes that influence the post-training service provision, it was concluded that state, type of health facility, location, transfer to other site, post-training exposure do not have any significant influence on the post-training service provision. Only three components—qualification of doctor, availability of MVA equipment, and follow-up support—significantly impacted service provision. Dr Banerjee concluded that the Government's and Ipas' CAC model is an effective one to provide sustainable services with quality of care at locations where there was no access earlier.



Only three factors—the qualification of the doctor, the availability of MVA equipment, and follow-up support significantly impacted service provision

Dr Sushanta K. Banerjee *on factors impacting service*

Chairperson's Comments

Noting the important role of post-training follow-up, Nidhi Khare said that the presentation has shed light on the factors that affect service provision, especially the qualification of providers and access to MVA instruments. She said that it would be interesting to correlate this finding with attempts to mainstream Ayush doctors. With that comment, she opened the house for discussion.

Discussions

Dr Mandakini Megh, GoM

Dr Mandakini Megh shared that Maharashtra was the first program state to procure MVA equipment in 2006. However, she felt that getting these kits to trained doctors became a challenging task. Learning from this experience, the state has decided to provide the MVA kits directly to the doctors who are interested in providing the services. Other equipment and MA drugs should also be provided.

Dr Purandare, FOGSI

Dr Purandare pointed out that geographical variation in preference for female gynecologists should be considered while selecting providers for training. He said that as 83 per cent of maternity services are provided by the private sector, there is a big need for training these providers. He offered FOGSI assistance for popularizing and distributing MVA equipment. Dr Purandare concluded by informing the participants that FOGSI is planning a massive education program across most of its member societies and 300 medical colleges. He said that he is willing to integrate Ipas' training material into this drive.

Dr Nozer Sheriar, FOGSI

Complimenting the speakers on their brilliant presentations, Dr Nozer Sheriar cautioned program managers to be sensitive about stepping into the area of coercion. He said that the providers should be trained to be sensitive, caring, and responsive in respecting a woman's right to decide on post-abortion contraception. He also suggested that the trainees be given starter kits. He pointed out that Ipas advertisements were already in the medical journal and availability at conferences has been a constant feature for some time now. Additional efforts need to be undertaken in maintaining stocks at surgical stores.

Dr Ameeta Joshi, GoM

Reacting to the point raised by Dr Purandare regarding the availability of MVA kits, Dr Ameeta Joshi suggested that information regarding sources for procuring kits should be integrated as a part of the training of providers.

Billy Stewart, DFID

Billy Stewart pointed out that while there was a natural inclination among Ob-Gyn providers to offer safe abortion services, it would be interesting to track the factors that prevent the MBBS providers from providing services. Another important point to look at is the impact of post-training mentoring and follow-up of MBBS doctors on the extent of service provision. Appreciating the efforts put in the communication and awareness building components, he wondered if there has been an attempt to integrate safe abortion messages into the existing communications training of intermediaries within NRHM/RCH–II to ensure sustainability.

Dr N.N. Agarwal, RIMS

Responded by saying that the Rajendra Institute of Medical Sciences (RIMS) attempts to strengthen the communication skills across all levels, be it MBBS students, nurses, and so on, in order that they act as strong linkages in the communication network and provide the correct information to the community. He also talked about involving the central coal hospitals to widen the training base.

Dr D.S. Dakhure

On the issue of providing MVA equipment to the trained providers, Dr Dakhure said that his state has been procuring MVA kits for the last two years. To eliminate any possibility of trainee-equipment disconnect, all the trainees are now being provided the MVA kits at the training site itself.

Session Three

The Journey so Far (3)

Chairperson

Alka Upadhyaya,
Commissioner, Health, GoMP

Presenters

Translating Law into Reality
Dr S.K. Shrivastava, Joint Director, Reproductive and Child Health, GoMP
Facilitating Medical Abortion in the Private Sector
Dr Jaydeep Tank, Chairperson, MTP Committee, FOGSI
Catching Them Young
Dr Ameeta Joshi,Officer on Special Duty,
Medical Education and Research, GoM

Translating Law into Reality

In his presentation, Dr S.K. Shrivastava said that the ground reality is that having a progressive law does not guarantee access to safe abortion services. It is also true that despite a strict law, illegal abortion still continues to strive. He opined that an illegal sector is perhaps flourishing not only due to demand but also due to factors such as a lack of availability and accessibility of trained providers and an absence of non-judgmental and empathetic behavior. He said millions of Indian women remain unaware that abortion is legal and even though the indications are quite liberal, abortion is still not a woman's right in India.

Sharing the progress made in translating law into reality in Madhya Pradesh, he drew the attention of the participants to the under-reporting of MTP cases. Among the few changes that should be made in the MTP Act, he suggested that the condition of contraceptive failure should not be restricted to 'married women' but should apply to all women.

Other key suggestions made by Dr Shrivastava, based on MP's experience in implementing the MTP Act, included ensuring the availability of MA drugs in the public sector and that MA drugs may be permitted to all Registered Medical Practitioners (RMPs) after a training of two to three days. He recommended promoting the use of medical abortion, steps to curb the OTC sale of these drugs, and community awareness to curb illegal abortions. He also asked for the simplification of laws pertaining to the termination of pregnancy due to rape. He stressed that the role of the police should be etched in a way that it does not become a barrier.

> *No doubt, the MTP Act 1971 is one of the most progressive acts of its time. However, in order to make the law forceful on ground, a few more amendments are needed for the sake of clarity and the prevention of misuse*

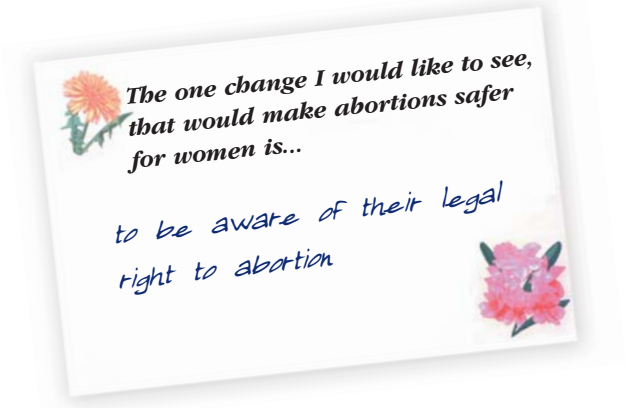
Dr S.K. Shrivastava
on translating the law into reality

Facilitating Medical Abortion in the Private Sector

Speaking on the near universal acceptance of medical abortion among the service providers, Dr Jaydeep Tank stressed on the importance of networking associations in expanding the reach of this technology. Setting the context by providing a brief overview of the market growth being witnessed in the area of Mifepristone and Misoprostal, Dr Tank elaborated on the role of the private health sector in the country. Stating that India spends less than one per cent of its Gross Domestic Product (GDP) on health, he said that Sri Lanka and Bhutan have a higher health care spending at six per cent and 10 per cent, respectively.

Regarding the crucial role that the private sector can play in expanding access to medical abortion, Dr Tank said that an overwhelming majority of people sought health care from the private sector and there exists a high degree of provider awareness regarding Mifepristone and Misoprostal. However, emphasizing the need for training, Dr Tank shared results published in *Obstet Gynecol India* where nearly 78 per cent of the providers raised concern about patient compliance and 70 per cent about safety and efficacy.

Stating that experience sharing among the providers is the most effective method for building confidence among the providers regarding this new technology, he said that medical abortion was, in Chris Sutton's words "A revolution without a rebellion." Dr Tank then elaborated on MAPnet and the crucial role it could play in expanding and facilitating the availability of MA in the private sector. He said that MAPnet offers a platform for providing support, modeling service delivery, and documenting and disseminating experiences.



Observing the positive inclination among the members to continue their association with the MAPnet initiative, Dr Tank said that the scale-up model will provide a greater geographic diversity, as compared to the current pilot initiative that covers two FOGSI societies.

Dr Tank concluded by stating that the MAPnet initiative has the potential to enhance the base of accessibility of medical abortion services under a small clinic setup; it offers a vital platform for including more private doctors and could be useful for mid-level providers.

MAPnet offers a platform for providing support, modeling service delivery, and documenting and disseminating experiences

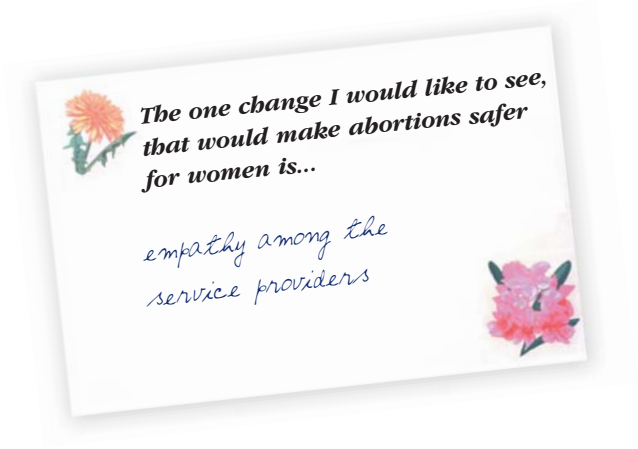
Dr Jaydeep Tank
on the crucial role played by MAPnet

Catching Them Young

Speaking about training and orientation of interns in comprehensive abortion care as a means of increasing provider knowledge on safe abortions, Dr Ameeta Joshi shared the experiences of the pilot on pre-service orientation in 14 government medical colleges in Maharashtra.

She said that the basic objective of the model was to ensure that future health providers have an increased sensitivity to abortion issues; an empathetic attitude towards abortion seekers as they were exposed to the concept of rights, informed choices, and woman centered care. The interns also gained knowledge regarding legality and early abortion technologies.

Highlighting the steps involved in the roll-out of the initiative, Dr Joshi said that the introduction of a three-hour module in the pre-service orientation of interns was followed by the analysis of qualitative feedback on the process, impact of the initiative from the faculty and interns, and a pre-post assessment of the knowledge of the interns. The results of the assessment have demonstrated that CAC orientation can be integrated and institutionalized into the system.



Revealing the future steps to be taken, Dr Joshi said that while the Directorate of Medical Education and Research (DMER) will continue the intervention in 14 government medical colleges, it is exploring the possibility of expanding it to the private medical colleges in the state. In addition, in the next phase of the intervention, efforts will be made for the orientation of providers in the Ob-Gyn posting.

Finally, Dr Joshi offered to share training modules, experience gained, and lessons learnt to facilitate the scaling-up of this intervention in other states.

While DMER will continue the intervention in 14 government medical colleges, it is exploring the possibility of expanding it to the private medical colleges in the state

Dr Ameeta Joshi
on future steps

Discussions

Dr R.K. Choudhary

Dr R.K. Choudhary from Bihar talked about the MTP Act and the Pre-Natal Diagnostic Techniques (PNDT) Act being different. He emphasized the need to propagate that the MTP Act is a 'protective umbrella' for the service providers and certified MTP sites whereas the PNDT Act is a punitive act meant to prevent the misuse of technology and the illegal selection of the sex of the child.

Alka Upadhyay

Seconding the comments of Dr Choudhary, Alka Upadhyay referred to the recent workshop on the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act, inaugurated by the Hon. Prime Minister, where similar issues were discussed. She also commended FOGSI's role in deliberating the need to protect the MTP Act and the necessity of the PC&PNDT Act. She said there is a need to constitute a working committee with Ipas, FOGSI, and UNFPA and deliberate on this.

Dr Nayarra Shakeel

Dr Nayarra Shakeel from Uttar Pradesh said that due diligence was necessary for tracking those who have had sex selective abortions; where these services are being provided; and the cancellation of the registration and certification of these centers.

Alka Upadhyay

Alka Upadhyay pointed out that, similar to the MAPnet initiative, Madhya Pradesh has initiated a survey for registering all practitioners. This will act as a guidebook for easy reference and access to all practitioners. She felt that this could be another possible mechanism for creating a reference network of service providers.

Dr Nozer Sheriar

Addressing some of the concerns raised by Dr Shrivastava, Dr Nozer Sheriar pointed out that all 75 million unwanted pregnancies could not be blindly attributed to negligent sexual behavior. He reiterated the need of not 'pre-judging' abortion seeking behavior. Regarding amending the Act, he said that although removing barriers such as the necessity of a second opinion in case of 12-20 weeks' termination of pregnancy would help women access services, but given the current medico legal climate and the sex selection issue, this was unlikely to happen. On the issue of divorce on the ground of the husband's consent not being taken, he emphasized that the MTP Act supports the woman's right to self determination and this needs to be upheld.

He also pointed out that the MTP Act has a safety clause (Clause 8) and if a doctor fulfills this, then s/he is completely safe from any criminal and civil liability. Finally, reacting to Dr Joshi's presentation, Dr Sheriar said that Ipas worked with FPAI to identify two centers to provide MVA training in Mumbai. He recommended to Dr Joshi that a smaller group of interns could be identified and sponsored for these MTP trainings.

Dr Ameeta Joshi

Responding to Dr Sheriar's suggestion of interns' training, Dr Joshi said this could be done from the next batch, once they have been oriented and they have shown an interest in this training.

Dr Purandare

Dr Purandare was of the opinion that the current practice of three-yearly renewal of registration was a burden on private doctors. He recommended minimizing the paperwork. He also suggested the need to separate both the Acts—MTP and PC&PNDT.

Session Four

Enabling the Environment

Chairperson

Dr K.K. Shukla,
Director (FW), Directorate of Health Services, GoMP

Presenters

Advocating for safe abortions
Dr Nozer Sheriar, Treasurer, FOGSI
Accelerating safe abortion access through policy interventions
Dr Manisha Malhotra,
Assistant Commissioner, Maternal Health, GoI

Advocating for Safe Abortions

Dr Nozer Sheriar gave a brief on the scenario that existed eight years ago, when MVA use was limited and MA was unavailable. His presentation focused on advocacy for safe abortions and the role it can play in enabling the environment. Defining advocacy as the "strategic use of information to change policies that affect peoples' lives",

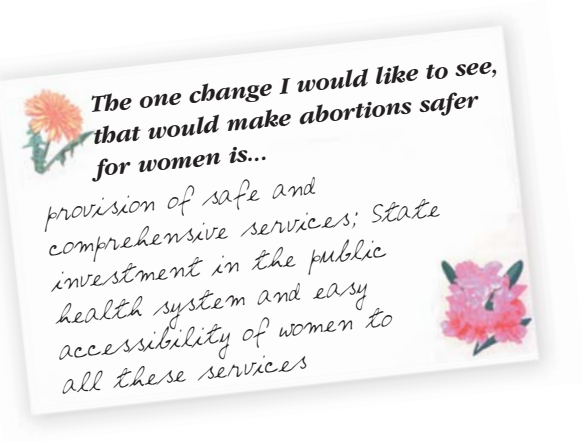
When we network, we multiply our individual abilities

Dr Nozer Sheriar
on joining hands and working together

Dr Sheriar went on to say that in the area of abortions, there are two basic goals; the first is to expand the supply of high quality and affordable services and the second is to increase the demand from women and society for more accessible and non-judgemental care.

Referring to the Agra conference held in 2000, Dr Sheriar informed the house that most of the recommendations put forth by the workgroup with regard to amendments pertaining to first trimester abortions have been achieved. He added that over the years FOGSI has worked with a number of partners to suggest amendments to the MTP Act and de-medicalize the 'Act'. He also provided a comprehensive overview of the role FOGSI has played in advocating for safe abortion services.

Sharing the results of the MVA pilot project, Dr Sheriar said that this multi-centric study proved that MVA for the first trimester was successful in 98.2 per cent of clients. Regarding the availability of medical abortion services, Dr Sheriar said that it was Indian women who brought about this change by demanding MA and today India is the world's



second largest provider of MA. Sharing the results of the FOGSI-Population Council study on MA in the Indian settings, he said that within a year of the introduction of MA, 69 per cent of doctors contacted reported using medical abortion, as compared to a mere 15 per cent in the USA.

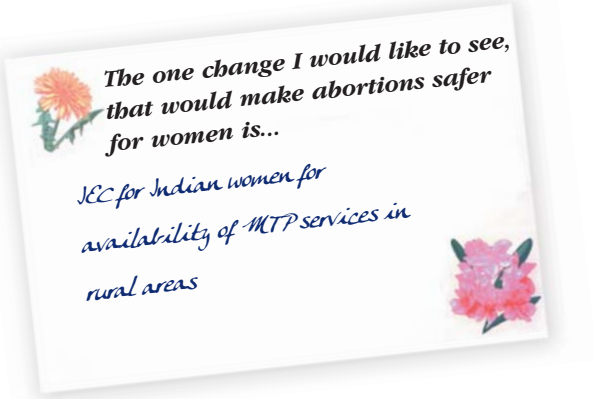
Emphasizing the need for advocacy both, within (FOGSI) and without, Dr Sheriar explained the role FOGSI has played. He added that efforts now have to be focused on advocating for abortion as a woman's right. He shared the position statement that was jointly developed by FOGSI and Ipas for the Asia & Oceania Federation of Obstetrics & Gynecology (AOFOG). He also shared the caution with which the media has to be handled on sensitive issues.

Stating that as advocates one has to join hands and work together, Dr Sheriar said, "When we network, we multiply our individual abilities." Hoping that the next round of amendments will favor the mid-level providers, he concluded by listing a few accomplishments of the last few years, namely, the amendment of the MTP Act and the rules; private sector training of providers; over 20,000 MVA kits distributed and over a million medical abortions provided. Referring to the Sample Registration System (SRS) indicator on unsafe abortions' contribution to the maternal mortality rate, which has declined from 12 per cent to 8 per cent, he observed that at least some of the efforts seem to have impacted the problem of unsafe abortion.

Dr Sheriar concluded with a quote by Anusuiya Sengupta that, "too many women, in too many countries, speak the same language of silence" and if women are silent someone has to speak for them and that has to be us.

Chairperson's Comments

Dr K.K. Shukla took a special note of the idea of networking as 'force multiplier' and said that was the most important point for all partners to consider. Regarding other aspects, Dr Shukla took a special note of the delay in the registration of MTP centers and the ignorance among the service providers regarding the need for getting their centers registered. He said that we need to widely publicize this aspect.



Accelerating Safe Abortion Access through Policy Interventions

Stating that the law in India is rather liberal as compared to many other countries, Dr Manisha Malhotra said that estimates still point out to the fact that four million out of 6.7 million are unsafe abortions. She gave a brief timeline of how the MTP Act and its subsequent amendments came to be promulgated. Highlighting that the provision of safe abortion services was high on the Government's agenda, she said that this aspect has been underscored in the National Population Policy 2000 and has also been incorporated as an integral component of the RCH program.

Dr Malhotra said that there is an increased thrust for the provision of safe abortion services under NRHM/RCH–II as states have been provided with the flexibility to evolve state-specific strategies and the flexible funding mechanism will ensure availability of required funds. She further informed that the Government will be working towards making MA available in the public sector once the required guidelines are approved. She revealed that comprehensive national guidelines on safe abortions are being developed that will cover all the methods, including MVA and MA. Dr Malhotra concluded by informing that the expert workgroup is working on guidelines for the second trimester and on operations research, which the Population Council of India is planning to undertake to study the provision of medical abortion by mid-level providers.

The provision of safe abortion services was high on the Government's agenda; this aspect has been underscored in the National Population Policy 2000

Dr Manisha Malhotra
on the priorities of the Government

Chairperson's Comments

Commenting that four per cent reduction in material mortality due to unsafe abortions was a heartening development, Dr K.K. Shukla opened the house for discussion on aspects related to the implementation of the MTP Act and the registration of private sector facilities offering abortion services.

Discussions

Dr Agarwal

Dr Agarwal pointed out that MA is approved only up to seven weeks in India, while the WHO guidelines allow its usage for up to nine weeks. He questioned the rationale behind this difference.

Dr Nozer Sheriar

Responding to Dr Agarwal, Dr Sheriar said that the original approval of the drug controller in 2002 was based on the inserts developed for Europe maybe 10 years ago. The Consortium has recommended an extension to 63 days, failing which to at least 56 days. Dr Sheriar explained that in our country the gestation age is calculated in 'months' and not in 'weeks'.

Nupur Basu Das, CINI

Nupur Basu Das noted that now that Accredited Social Health Activist (ASHA) is being provided with a pregnancy determination kit (Nishchay), Ipas could develop a training curriculum to provide ASHA with information on managing unwanted pregnancy. ASHA should be trained to be able to provide information about referral linkages and availability of services. She said that NGOs can play an important role generating awareness.

Dr Manisha Malhotra

Dr Malhotra responded by informing that the ASHA curriculum already includes information on referrals and the Government is making efforts to improve the availability of services.

Dr Sheriar

Dr Sheriar observed that in case the facility for safe abortion is not available, then a nearest facility offering safe abortion services, both in public or private, should be identified and known to ASHA. He also said that safe abortion is already part of the undergraduate medical and nursing students' curriculum.

Dr Sharad Iyengar

Dr Iyengar pointed out that the process of approval of drugs has to be undertaken by the drug manufacturer and it is more of a commercial process and not a legal one. He recommended that there should be accreditation and certification of public health facilities as well so that the services are continuously available.

Dr Purandare

Dr Purandare talked about D&C being an obsolete and dangerous process and it should be discontinued as a method for early abortion. He also mentioned that MCI does not give doctors immunity for off label use of medicines.

Dr Shukla

Dr Shukla talked about the need to remove registrations for first trimester abortions. He emphasized the need to shift responsibility to the provider. He also mentioned the need to cut out all bureaucracy for first trimester abortions.

Dr Manisha Malhotra

Responding to Nidhi Khare's query whether the Government is proposing to include ANMs as legal and trained providers of medical abortions in the near future, Dr Malhotra said that ANMs are most likely to be excluded. She elaborated that, if the amendment is passed, to begin with the provision of MA services would be limited to nurses and some categories of Ayush doctors.

Session Five

Challenges for the Future

Chairperson

Shomita Biswas,
Joint Secretary, Family Welfare, GoM

Presenters

Strategies to accelerate safe abortion: access and choice
Mary Luke, Executive VP, Programs, Ipas
Holding ground: Building the platform for a campaign on safe abortion
Dr S. Iyengar, Director, ARTH
Expanding the provider base
Dr Shireen Jejeebhoy, Senior Associate, Population Council

Strategies to Accelerate Safe Abortion: Access and Choice

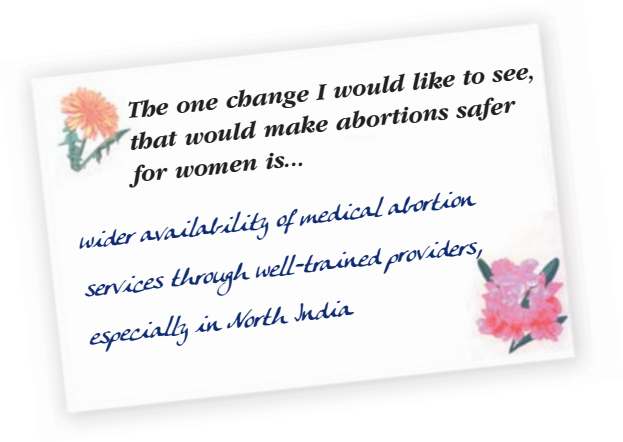
Opening her presentation with a brief yet thought provoking video clip from Brazil on the perception on abortions, Mary Luke spoke about some of the global experiences and lessons. She said that abortion engenders personal feelings and emotions but is always very private and stigmatized. The very fact that people are unwilling to talk about it makes it even more difficult for women to access correct information regarding abortion.

Recapitulating some of the barriers in safe abortion services, she went on to share some evidences from a WHO study in South Africa and Vietnam where MVA services are being safely and effectively provided by nurses/ midwives with the physician's assistance. In addition, she mentioned that several other countries such as Nepal, Bangladesh, and Ethiopia allow midwives/nurses to provide MVA and/or MA services

Stressing on the criticality of training, Mary said that the way forward will be to explore all possible options and methodologies, including computer-based training, and blended learning

> *Especially with the availability of medical abortion, it is important that we see this as a technology that is going to transform our work and make unsafe abortions a myth*

Mary Luke
on medical abortion technology



technologies. She said it will continue to be important for all the partners to continue to work together and not just remain limited to training but also track the trainees to see the extent of service delivery.

Sharing the model developed by UNICEF, WHO, and UNFPA for monitoring EmOC services, she offered Ipas' assistance in using this tool to monitor availability, utilization, and quality of abortion services.

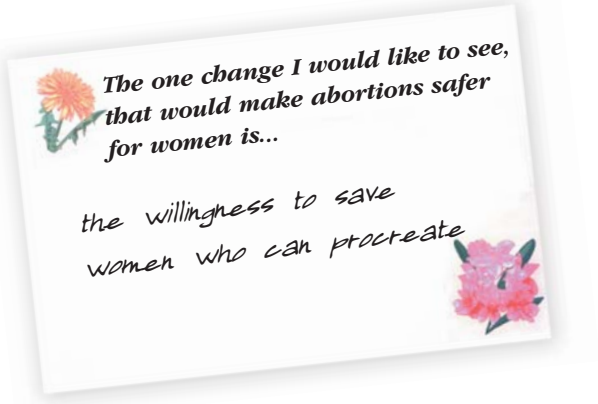
Speaking about expanding choice, expanding MA usage, access to accurate information, and empowering women, Mary shared the client education card developed in Mexico for MA. Appreciating the efforts made in India in removing policy barriers, she emphasized the role of evidence in aiding governments understanding and removing these barriers.

She also complimented the partners for their advocacy efforts and the fact that safe abortions have been mainstreamed into national health programs, including RCH–II and other safe motherhood initiatives.

Concluding with a thought on accelerating change, Mary Luke highlighted four key thrust areas that needed the attention of all partners, namely, policy and legal barriers; training and access to MVA; awareness and service accessibility of the community and the expanded use of medical abortion.

Chairperson's Comments

Thanking Mary Luke for providing glimpses of the global scenario on the issue of safe abortions, Shomita Biswas took note of the global evidence of involving mid-level providers in the provision of safe abortion services.



Holding Ground: Building the Platform for a Campaign on Safe Abortion

Starting with the issue of sex selection abortions, Dr Sharad Iyengar said that the 2001 census brought home the fear of the continual falling of the sex ratio. He pointed out that public pressure on sex selection resulted in a knee-jerk reaction from officials.

After sharing the past eight years' reported MTP statistics of Rajasthan, Dr Iyengar went on to present a visual canvas of various campaigns against sex selective abortions. He explained how the issues of prevention of sex determination and safe abortions have got entwined. He opined that the blurring of the difference posed a grave threat to access to safe abortion services.

According to Dr Iyengar, a few of the adverse consequences of this ill-directed campaign are confusion about whether abortion is legal; decline in number providers willing to perform MTPs, especially during the second trimester; the reluctance on the part of districts to certify sites for MTP, especially for the second trimester; under-reporting of second trimester abortions and (an unofficial) clampdown on the availability of Mifepristone and Misoprostal.

He said the National Campaign for Safe Abortion (NCSA) was formed as a platform for enhancing access to safe abortion in the country. It attempts to bring together civil society organizations that are part of the Consortium for Safe Abortion; the Coalition for Maternal Neonatal Health and Safe Abortion; individuals and other organizations.

The NCSA aims to work towards enhancing women's access to quality safe abortion services, reducing gender discrimination including the practice of sex selection, and promoting reproductive rights and women's right to self-determination.

The issues of prevention of sex determination and safe abortions have got entwined. The blurring of the difference posed a grave threat to access to safe abortion services

Dr Sharad Iyengar
on the blurring of issues

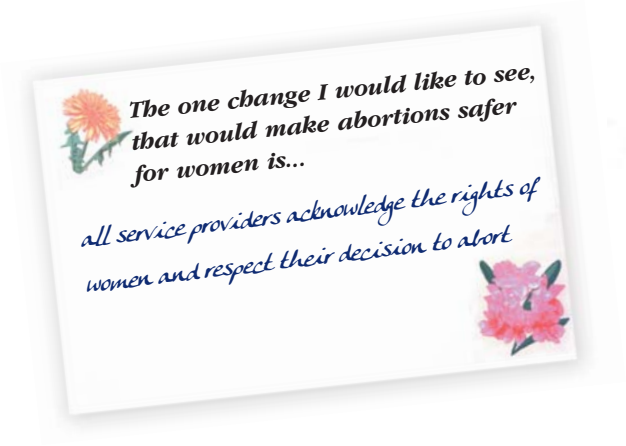
Chairperson's Comments

Shomita Biswas thanked Dr Iyengar for presenting the field reality with regard to the merging of two closely related but independent Acts. She said that there was a need for a national-level brainstorming session to discuss the issue and evolve a strategy to address this aspect.

Expanding the Provider Base

The need for increasing the provider base stems from the fact that a large number of abortions performed are delayed, unsafe, and, therefore, costly. Dr Shireen Jejeebhoy shared key findings from a study, 'Women's Access to Abortion: Findings from Situation Analysis in Maharashtra', conducted by the Population Council. On the supply side, Dr Jejeebhoy said that there was an uneven distribution of registered abortion facilities and certified providers and only 25 per cent of the facilities are in the public sector. Further, most facilities are located in urban areas, while 70 per cent of Indian women live in rural areas.

Regarding the operations research on mid-level providers, Dr Jejeebhoy said that the objective is to test the feasibility of expanding the abortion provider base by assessing whether the efficacy and safety rates associated with MA and MVA provided by non-MBBS providers—doctors trained in Ayurveda and Homoeopathy; nurses holding a B.Sc. or diploma—are equivalent to those provided by MBBS physicians recently trained in providing MA and MVA in similar settings. The intent is also to provide scientific evidence and guidance to policymakers on the issue of expanding the provider base.



Concluding her presentation, she stated that if evidence is positive then the next step will need Central and State Government support in putting research evidence into action by changing policies, law, regulations.

Chairperson's Comments

Shomita Biswas said that the ministry will definitely examine the evidence as the need for expanding the provider base has been established. She then declared the session open for discussions

The objective of the operations research study is to test the feasibility of expanding the abortion provider base by assessing the efficacy and safety rates associated with non-MBBS providers

Dr Shireen Jejeebhoy
on uneven distribution of safe abortion facilities

Discussions

Nidhi Khare

Nidhi Khare wondered if there was an interest in expanding the provider base by promoting traditional/herbal abortion techniques. She also asked for research to be conducted on the scientific validity of some traditional methods being used.

Dr Agarwal

Dr Agarwal seconded Nidhi's suggestion that 'proper research' should be undertaken before blindly writing off our own traditional knowledge and medicines.

Dr Purandare

Dr Purandare observed that even though the suggestions were valid, these have not been scientifically proven. The ICMR would be the most appropriate agency for research and trial.

Dr Nozer Sheriar

Reacting to Dr Sharad Iyengar's presentation about the threat from the issues related to sex selection abortions, Dr Sheriar voiced his concern about getting into a direct confrontation with the sex selection lobby as he felt that it will result in a no-win situation. He reiterated the need to come up with guidelines on what is the appropriate language and visuals and, also, jointly arrive at a consensus so that neither women's rights nor health is compromised. He also emphasized the need to be very vigilant against any change at the policy level.

Billy Stewart

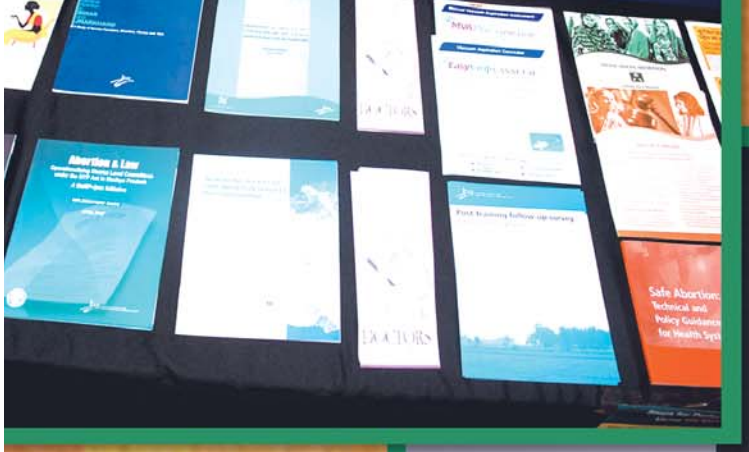
Billy Stewart said that the Population Council's research on expanding the provider base would be extremely useful. He went on to reiterate the need to scale-up the training of MBBS doctors and relook at barriers that impact the capacity for training. He also emphasized the importance of the new strategies suggested in Mary's presentation to improve training capacities.

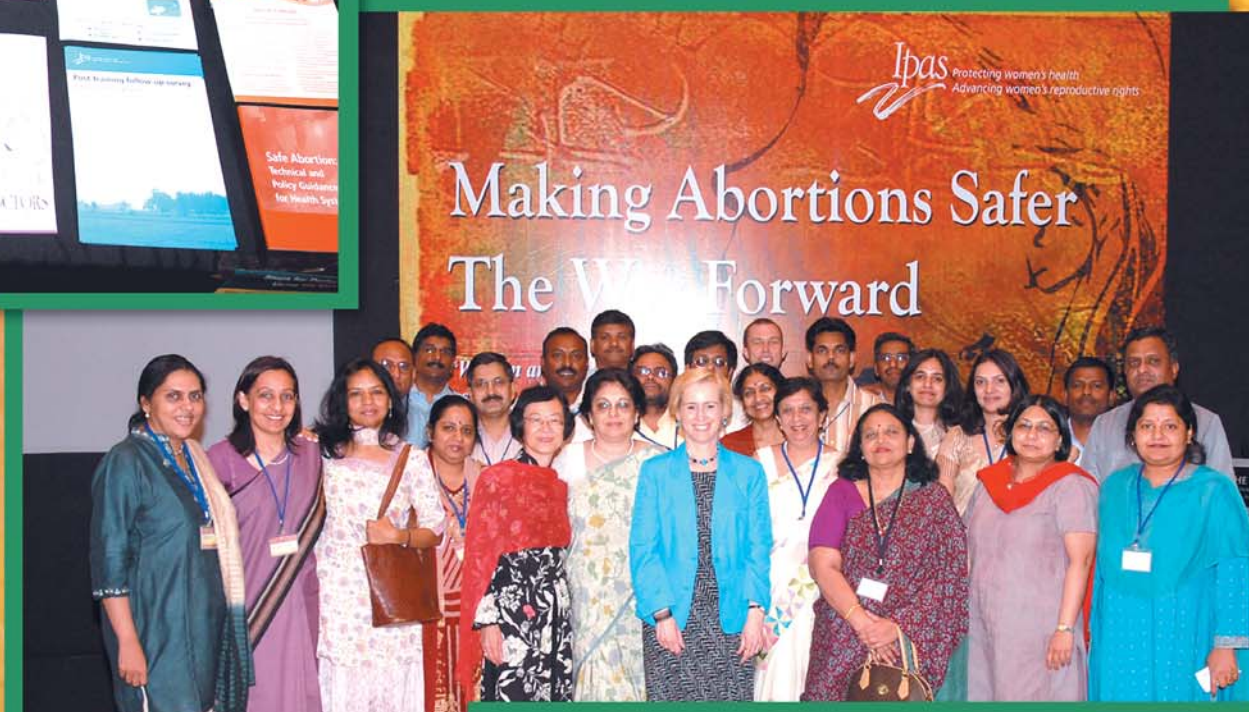
Dr Sharad Iyengar

Dr Iyengar supported Dr Sheriar's stand and talked about "policy vigilance", the need to engage with policymakers and hold on to the ground. He reiterated that we still need to engage at the ground level as well. He also talked about not involving religious and political groups and being cautious about media messages.

Shomita Biswas

Shomita Biswas said that, at a policy level, we need to ensure that these technologies go to the safest and trained hands and that an element of accountability is built in.


Abortion & Law
Safe Abortions:
Technical and
Policy Guidance
for Health Systems


Ipas
Protecting women's health
Advancing women's reproductive rights
Making Abortions Safer


The Way Forward


Making Abortions Safer
The Way Forward

Day Two

Strategies for Making Abortions Safer

The Planning Phase

The participants changed their 'experience sharing hats' of the first day to the 'planning hats' for the second and concluding day of the workshop. Elaborating on the agenda for the day and appraising the house of the expected outcomes, Dr Sangeeta Batra said the day's work would comprise four broad steps, namely, identifying issues crucial to further increasing access to safe abortion care; group work for identifying strategies, interventions, and activities; presentation of recommendations by the groups and, finally, summation and reflection on future steps. With this brief introduction, she invited Lester Coutinho to moderate the sessions.

Lester began the moderation by asking the participants to shift from a problem analysis mode to a solution identification mode. To initiate the thinking process, he requested the participants to spell out some of the key issues that the group felt should be addressed on a priority basis.

The crucial issues identified by the house were: urgent need for expanding the provider base; speeding up training in the public and the private sector; strengthening systems and making them work better; expanding the reach of medication abortion and preventing its possible misuse; reaching underserved areas; improving access to safe and legal services as lack of access is leading to increased numbers of illegal providers; addressing the rising numbers of illegal abortions; de-stigmatizing abortions; empowering women to know their right to safe access and choice; providing Behavior Change Communication (BCC) and IEC material; expanding medical abortion in the country; addressing policy issues; MTP in light of the PC&PNDT Act; exploring linkages between technology, services, and policy; working with the private sector; amending laws to keep pace with change in technology and time; safe abortion indicators to help assess impact and the issue of the misuse of technology.

Lester, along with the group, went on to crystallize the highlighted issues into four broad areas:

- Service delivery models
- Training and technology
- Outcome and process indicators and reporting systems
- Women's rights

Four groups were constituted from among the participants. Each group then worked on the assigned topic and presented the group recommendations to the larger audience. The group composition; their topic and summary of their key recommendations are as follows:

Group 1

Topic: Service delivery models

Group Members

Dr Ameeta Joshi
Dr Ajesh Desai
Dr Bela Ganatra
Dr Bhushan Srivastava
Sveta Kalyanwala
Dr Mandakini Megh
Vinoj Manning
Rajeev Nambiar
Namita Kashyap

Key Recommendations

- To increase the provider base and improve service delivery through:
  a. A reorientation of certified providers and Ob-Gyns
  b. Specific focus in the MTP training curriculum during internship or a separate six days' training after internship so that they are certified and available for service provision
  c. Training of family physicians (MBBS)
  d. Tapping urban RCH and Public Private Partnerships such as Chiranjeevi Yojana and Field NGOs (FNGOs)
- For increasing the availability of service delivery:
  a. Mapping of service sites and referral system to identify nearest sites and providers. Essential for improving service delivery and awareness of services available
  b. Mobile services for underserved/ unserved areas
  c. Operationalizing all EmOC and CEmOC centers
- Develop a certificate course in safe abortions/MTP for fresh graduates
- Insurance for MTP-linked complications to protect and provide women with a safety net against illegal services/providers
- Inclusion of medical abortion drugs, MVA kits, and pregnancy testing kits into the procurement list of the RCH and RCH Kit and 'DGS&D Rate Contract' for facilitating easier procurement
- Development of standardized guidelines for abortions
- Proposed training of nurses and Ayurveda doctors and eliminating the requirement of site certification for first trimester abortions, subject to approval under the law

The group's tasks were primarily to identify strategies for improving service delivery; address issues of increasing the provider base; get more functional sites and to look into procurement issues

Group 2

Topic: *Training and technology*

Group Members

Shomita Biswas
Mary Luke
Dr Sharad Iyengar
Sharmila G. Neogi
Dr Sangeeta Batra
Dr Neeta Bhatnagar
Akshay Srivastav
Avindra Mandwal

Key Recommendations

- Creating a cadre of MA only providers was recommended by training all existing eligible MBBS; certified providers in MA and orientation to Ob-Gyns. In addition, there is a need to provide training to support staff on counseling and assisting the doctors
- Trainers would be from a pool of certified MBBS and Ob-Gyns providers
- Training duration of two days for the theoretical part and the mandated 25 cases clinical part should be achieved through satellite training or partnering with private sector sites
- Integration of MA training into existing Basic Emergency Obstetric Care (BEmOC)/ EmOC trainings
- To ensure availability of technology post-training, the group recommended that equipment should be given to the trainees on the last day of the training and a procurement list should be developed for the district-level procurement
- Trainee tracking for ensuring service delivery was recommended as a crucial step

The group's tasks were to explore new methods of training; mechanisms of speeding up training; need for training in newer technologies and policy and legal amendments required in light of newer technologies being available

Group 3

Topic: Outcome and process indicators and reporting systems

Group Members

Billy Stewart
Dr Manisha Malhotra
Dr D.S. Dakhure
Dr Sushma Dutta
Dr Sushanta Banerjee
Dr Shireen Jejeebhoy
Debashish Sinha

Key Recommendations

- Supply and demand side indicators are being captured as part of the existing Management Information System (MIS). However, these should be closely monitored. This will provide information on the volume of services and location of service provision, thereby helping identify gaps in availability and accessibility
- For assessing supply side indicators, close review of indicators such as per cent of sites providing MTP services; per cent of sites providing MTP with appropriate technology; per cent of sites with at least one trained and certified provider; per cent of sites with adequate equipment and supplies; per cent of sites offering post-abortion contraception; per cent of sites providing or referring post-abortion complications and so on. The facility survey data of NRHM and MIS should be used by the program managers to gather information
- Exit interview of clients to get feedback on perceived quality of care was also suggested. The group felt that this could help identify cases of coercion. However, the group was not sure if that should be included
- An indicator on post-abortion complications should be tracked and will need change in the existing MIS format
- On the demand side, indicators on community awareness regarding source of safe abortion and legality were required
- Capturing attitudes of family, family support during abortions, ability to discuss with others, and lack of resources as possible constraints to access were felt but not strongly endorsed by the group. Source for demand side data was primarily field surveys such as the District Level Household Survey (DLHS)
- Inclusion of abortion issues in the midterm review of RCH–II was proposed as needing further debate as was a need for a task team to work on recommendations on measurement tools and formats

The group worked on issues of measurement and reporting mechanisms within the system

Group 4

Topic: Women's rights

Group Members

Manisha Panwar
Dr N.N. Agrawal
Elizabeth Maguire
Dipa Choudhary
Nupur Basu Das
Kavita Ayyagari
Dr Abhai Kumar

Key Recommendations

- Creating awareness of abortion rights at the community level by increasing the awareness of the legality of abortions, and emphasizing on consequences of unsafe abortions
- Training providers to uphold women's right to self-determination
- Destigmatizing and creating a friendly environment, especially at service delivery sites, and making 'same-day services' available
- Helping women make informed choices by giving complete and clear information on the services available
- Managing logistics and procurement in order to make choices available
- Working with policymakers to make first trimester abortions a legal right, to be provided on demand and also removing the condition of the need of a second opinion in case of second trimester abortions

The group's tasks were to explore a rights-based approach vis-à-vis safe abortions; de-stigmatize abortion issues and empower women to know their right to safe access and choice

Key ideas from each group were captured by the facilitator:

Group 1: Service Delivery Model

- Increasing provider base by re-orientation of certified providers, MBBS doctors and a special certificate course on MTP for medical interns
- Inclusion of MVA kits and MA drugs into the rate contract lists
- Standard service guidelines for safe abortion services
- Mobile services for underserved areas

Group 2: Training and Technology

- Possibility of having MA-only providers
- Tracking of trainees as a significant amount of resources is being invested in training

Group 3: Indicators and Reporting Systems

- Abortion indicators to be closely reviewed from the existing MIS and facility surveys
- Both demand and supply side indicators to be captured
- Exit interviews to reflect on quality of care received and attitudes of providers and family

Group 4: Women's Rights

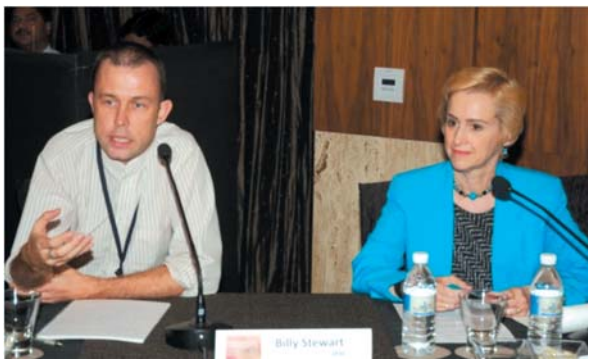
- Awareness in community about legality and awareness among providers to uphold rights
- De-stigmatizing abortions by way of attitudinal training of providers
- Same-day service provision and counseling
- Amend MTP Act so that first trimester abortion is on demand and for second trimester abortion, eliminate the requirement of a second opinion

Thanking Lester for steering such intense and very productive sessions that helped generate a number of thought provoking ideas—some of which were new and others were pushed further—Dr Batra invited Billy Stewart and Elizabeth Maguire to conclude the workshop by analyzing and reflecting on the proposed strategies that emerged from the group work.

Summing Up

Reflections on proposed strategies
Billy Stewart,
Health and AIDS Advisor, DFID

Summing up the workshop
Elizabeth Maguire,
President and CEO, Ipas



Reflections on Proposed Strategies

Addressing the participants, Billy Stewart said, "It is tremendously exciting to be a part of a group that is as committed to addressing the same issue as we all are." He commended the range of innovative approaches that were proposed, including utilizing the private sector for taking up the training caseloads, differential training methodology and duration for MA-only providers; developing a continuing relationship with trainees even after training; inclusion of pregnancy diagnostic kits into RCH procurement to help early detection of pregnancy and a host of other ideas. He particularly emphasized the need to sustain the current level of excitement so that the ideas are translated into action.

Proposing convergence as a viable option, he suggested that success will depend on our ability to utilize the opportunities currently offered by the systems to mainstream some of these ideas into existing programs under NRHM and the forthcoming National Urban Health Mission (NUHM). Since these programs have a large component of training, monitoring and evaluation, resources and the degree of flexibility that we can use, leveraging the existing systems will be crucial for ensuring the sustainability of safe abortion initiatives.

> *It is tremendously exciting to be a part of a group that is as committed to addressing the same issue as we all are*
>
> **Billy Stewart**
> *on being part of the workshop*

Speaking on the forthcoming opportunities, Billy enumerated the following—including abortion indicators in the mid-term review of NRHM/RCH–II where the Government and development partners will be doing a series of thematic studies to feed into the review.

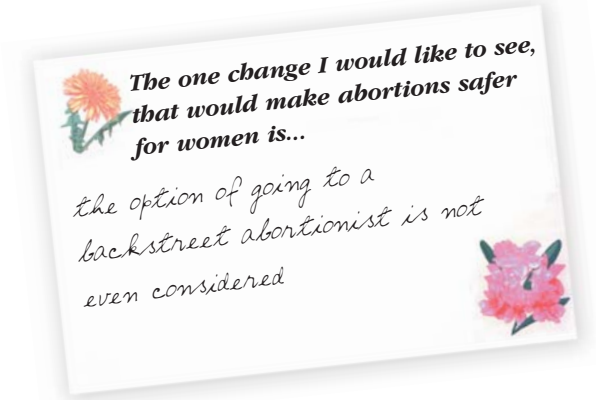
He pointed out that issues of safe abortions can be integrated into four of the six studies that have been currently proposed. Possible thematic reviews were the ones on maternal health; monitoring; equity and gender; family planning and behavior change and demand side.

Stating his commitment, Billy promised to work in the following key areas:

- As part of the team inputting into the terms of reference for the thematic reviews, making sure that issues of safe abortion are included and the right set of questions are being asked so that the study feeds relevant information into the post-midterm program design
- As DFID offers technical support to the empowered procurement wing in the Ministry of Health and Family Welfare, he offered to work towards ensuring that appropriate technical specifications are developed for safe abortion equipment and central backup support is available to the states
- As the Ministry of Health and Family Welfare has requested the development partners to assist in documenting innovations being done in various states through NRHM flexible funding, Billy was of the opinion that the preliminary matrix of documentation is being developed

  There was an opportunity to ensure that innovations and success stories on safe abortion care are included in the overall documentation plan
- Finally, in the area of IEC and awareness generation under RCH–II, DFID will be pleased to offer assistance in including a safe abortion component into the overall communication matrix

Stating that, "Within us, this close group, we have a range of entry points that we can bring to use", Billy concluded by encouraging all the participants to explore and reflect on possible opportunities and what each one of us can do to increase access to safe abortion care services. He thanked all the participants for helping him better understand his role as a development partner.



Summing Up the Workshop

In her concluding remarks, Elizabeth Maguire said that it gave her immense pleasure to get an opportunity to celebrate the partners' accomplishments over the past few years, look at the major challenges, and outline key strategies for the future. She commended the participants for the presentations and intense discussions that provided valuable information, insights, and recommendations for the way forward; she also endorsed the recommendations put forth by Billy Stewart.

Reflecting on the overall proceeding of the workshop, Liz listed the most critical strategies for going forward to accelerate the pace of change:

- Identify short- and medium-term actions that can accelerate improvements in the enabling environment
- Increase number of providers and certified sites and also increase the use of new technology
- Expand the cadre of providers by exploring the possibility of including nurses and Ayurveda doctors, as allowed by law
- Increase post-abortion contraception that appears to be a weak link in comprehensive abortion care
- Realise the critical importance of documenting and diffusing innovations
- Enhance community awareness and accessibility to services, including de-stigmatizing abortions

> *Medical abortion has the potential to revolutionize women's ability to manage unwanted pregnancy just as oral contraceptives did in the 1960s, enabling women to take charge of their reproductive decisionmaking and their lives*
>
> **Elizabeth Maguire**
> *on the significance of medical abortion*

Underscoring the role of medical abortion, Liz said that she would like to highlight that "medical abortion has the potential to revolutionize women's ability to manage unwanted pregnancy just as oral contraceptives did in the 1960s, enabling women to take charge of their reproductive decisionmaking and their lives". She further emphasized that this is an extremely exciting development in the area of safe abortion and we should ensure that sufficient resources and priority is attached to it.

Referring to the MA pilot study in Jharkhand, Liz said that this study, together with the findings of the Population Council's study comparing MBBS doctors to non-MBBS providers offering MA services, will chart a new course in expanding the provider base and scaling-up access to MA services.

Liz said that it would not have been possible to see the accomplishments presented on the first day without the partnerships. The partnerships with the Government at the central and state level, NGOs, FOGSI, and donors have helped test innovative approaches, expand availability of safe abortion care, progressing towards our ultimate goal of making abortions safer, more accessible, and affordable for all women and empowering women to exercise their sexual and reproductive rights.

Liz concluded with a reiteration of Ipas' commitment in continuing to value the vital partnerships; working with all partners; intensifying our efforts to increase resources and enhance women's lives.

As a takeout of this workshop, Ipas Country Director Vinoj Manning said that as a very first step, the proceedings will be documented and circulated among all the participants. He also undertook to facilitate cross-learning among participants on new innovation that is implemented by the participants in their respective states. Finally, he suggested that Ipas could play a role in convening a larger, national policy workshop in early 2010 to deliberate on new ideas and explore ways of taking them forward.

Vote of Thanks

In her vote of thanks, Dr Sangeeta Batra started by saying that taking inspiration from the level of commitment exhibited by the participants, the Ipas team will go back more energized to take on the new challenges in the field. She thanked the representatives of the State Governments for not only the time they have spent in the workshop but also the support that they provided to the Ipas team.

Thanking the chairpersons and the moderator for their effort in ensuring that the sessions flowed seamlessly, Dr Batra went on to acknowledge and thank the presenters for sharing their rich experiences and the NGO partners for their proactive support. She also thanked Mary Luke and Elizabeth Maguire for their dynamic leadership.

Thanking Ipas colleagues who worked to ensure that the workshop went as per plans, she conveyed a special gratitude to the travel agency for facilitating local transfer arrangements and the staff of The Westin who worked tirelessly to ensure that this workshop becomes a memorable success.

Concluding with the quote that 'Strong partnerships can move the mountains', Dr Batra declared the workshop closed.

List of Participants

DR MANISHA MALHOTRA
Assistant Commissioner, Maternal Health, Department of Family Welfare, GoI

BILLY STEWART
Health and AIDS Advisor, DFID India

LESTER F. COUTINHO
Country Program Advisor, Packard Foundation

DIPA NAG CHOWDHURY
Program Officer, MacArthur Foundation

DR SHIREEN JEJEEBHOY
Senior Associate, Population Council

SHVETA KALYANWALA
Senior Program Officer, Population Council

DR SHARAD IYENGAR
Director, ARTH

DR SHARMILA GHOSH NEOGI
Joint Director (Programme Development), Population Foundation of India

DR JAYDEEP TANK
Chairperson, MTP Committee, FOGSI

DR NOZER SHERIAR
Treasurer, FOGSI

DR C.N. PURANDARE
Secretary General, FOGSI

MANISHA PANWAR
Secretary, Health and Family Welfare, GoUK

DR SUSHMA DUTTA
Nodal Officer and State Immunization Officer, GoUK

ALKA UPADHYAY
Commissioner, Health, GoMP

DR K.K. SHUKLA
Director, Family Welfare, Directorate of Health Services, GoMP

DR S.K. SHRIVASTAVA
Joint Director, Family Welfare, Directorate of Health Services, GoMP

DR BHUSHAN SRIVASTAVA
Deputy Director, Directorate of Health Services, GoMP

SHOMITA BISWAS
Joint Secretary, Family Welfare, Public Health Department, GoM

DR D.S. DAKHURE
Additional Director, State Family Welfare Bureau, Health Services, GoM

DR AMEETA JOSHI
Officer on Special Duty (OSD), Medical Education and Research, GoM

NIDHI KHARE
Special Secretary and Mission Director, Department of Health and Family Welfare, GoJ

DR N.N. AGARWAL
Director, Rajendra Institute of Medical Sciences, Jharkhand

DR R.K. CHOUDHARY
Deputy Superintendent, Rajendra Nagar Hospital, GoB

DR A.N. DESAI
Consultant, Maternal Health, Directorate of Family Welfare, GoG

DR NAYARRA SHAKEEL
Additional Director, Reproductive and Child Health, GoUP

List of Acronyms

ASHA	Accredited Social Health Activist
BCC	Behavior Change Communication
BEmOC	Basic Emergency Obstetric Care
CAC	Comprehensive Abortion Care
CHC	Community Health Center
CINI	Child in Need, India
CMO	Chief Medical Officer
DLHS	District Level Household Survey
DMER	Directorate of Medical Education and Research
EmOC	Emergency Obstetric Care
FNGO	Field NGO
FOGSI	Federation of Obstetrics and Gynecology Societies of India
GDP	Gross Domestic Product
IEC	Information, education, and communication
MA	Medication Abortion
MCI	Medical Council of India
MIS	Management Information System
MTP	Medical Termination of Pregnancy
MVA	Manual Vacuum Aspiration
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
Ob-Gyn	Obstetrician-Gynecologist
PC&PNDT Act	Pre-Conception and Pre-Natal Diagnostic Techniques Act
PFI	Population Foundation of India
PHC	Primary Health Center
PSS	Parivaar Seva Sansthan
RCH–II	Reproductive & Child Health (program)–II
RIMS	Rajendra Institute of Medical Sciences
RMP	Registered Medical Practitioner
SRS	Sample Registration System

Presentations

Presentations

PILOT TO SCALE : EXPERIENCE IN MAHARASHTRA

A Govt. of Maharashtra & Ipas initiative

Dr. D.S. Dakl
Addl.Director Healt
Maharasht

Piloting Medication Abortion Services in Public Sector in Jharkhand

Universalizing access to Safe Abortion in [illegible]**arakhand**

Strategies to Accelerate Safe Abortion Access and Choice

Mary M. Luke
and
Dr. Bela Ganatra

भारत का राजपत्र
The Gazette of India

Translating law into reality

Dr. S.K.S
Joint Director
Govt. of Ma

Facilitating Medication Abortion In Private Sector

Dr. Jaydeep Tank

Catching them Young: Orientation Program for Interns

Accelerating safe abortion access through policy interventions

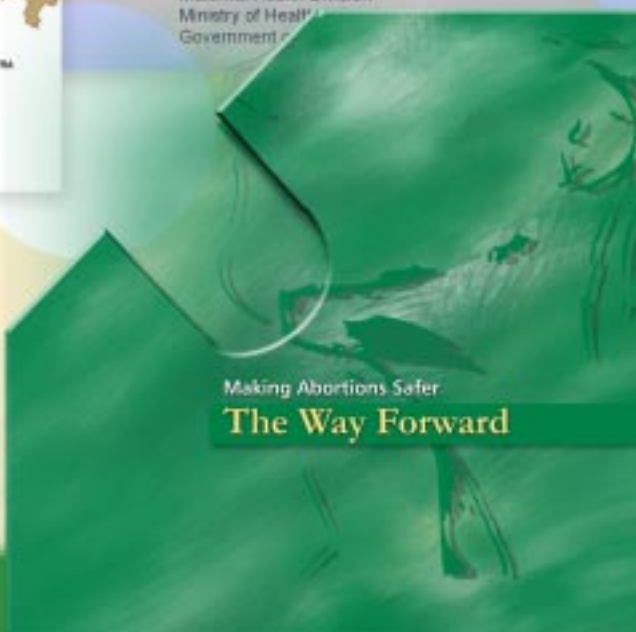
Dr. Manisha Malhotra
Maternal Health Division
Ministry of Healt
Government

Expanding the abortion provider base

Shireen Jejeebhoy, Shveta Kalyanwala
Population Council, New Delhi

Ipas meeting on "Making Abortions Safer: The way forward", May 5-6, 2008

Population Council



Making Abortions Safer
The Way Forward

Ipas India Country Office
P.O. Box 8862, Vasant Vihar
New Delhi 110 057
Email: ipasindia@ipas.org

For further details please contact:
Avindra Mandwal, Advisor – PPD, Ipas India