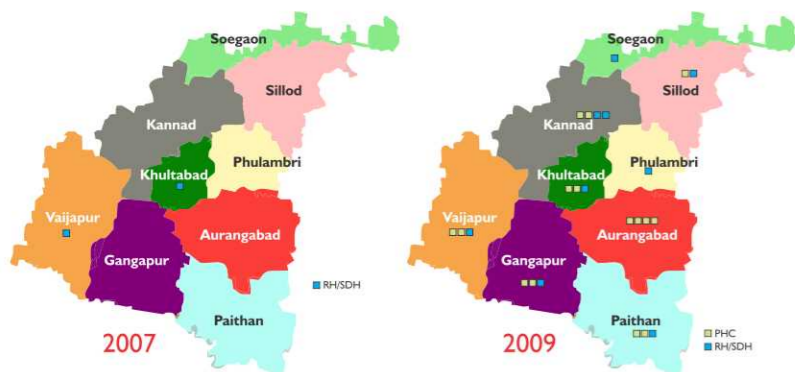
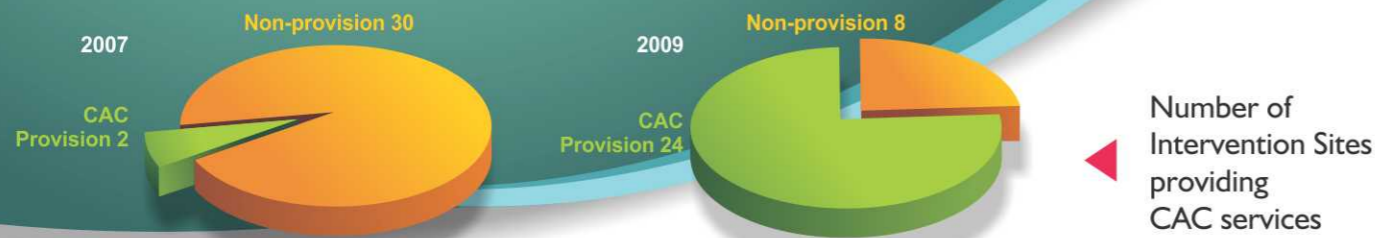


## Snapshots of the Project Outcome<sup>2</sup>

### Increasing Availability

- In 2007, only two of the 32 intervention sites were providing CAC services
- By 2009, this number had increased to 24
- A total of 51 doctors were trained in CAC services in the district
- Of these, 43 were MBBS doctors who were not eligible to provide MTP services previously



Block wise Dispersion of Rural Sites providing CAC Services

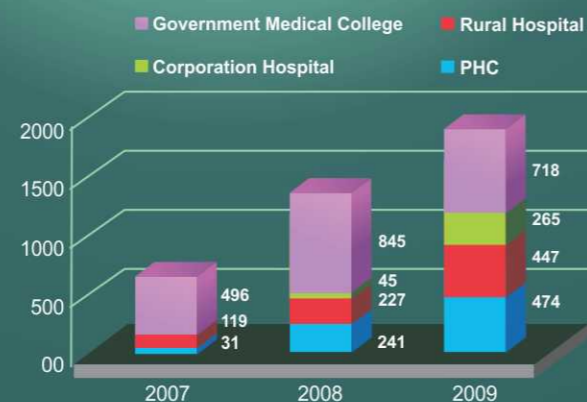
### Decentralizing Access

- In 2007, only two rural sites were offering CAC services in the entire district
- By the end of the project, each block had at least one site offering CAC services and six of nine blocks had three or more CAC sites

## Making safe abortions... a reality!

- Number of safe abortions in the public sector have tripled over the three year period
- Municipal Corporation Hospitals started providing services from 2008 (14% of all cases in 2009)
- Increased access led to higher proportion of women seeking services at rural health facilities – from 23% to 48% between 2007 - 2009

### Number of CAC services by Type of Sites



## Comprehensive Abortion Care Services in the Public Sector The Aurangabad Model

### Context

In Aurangabad, like most districts in India, safe and legal abortion services are not readily available, especially to poor and rural women. In 2007, none of the 50 Primary Health Centers (PHCs) in the district were providing abortion services. A large proportion of women had limited knowledge about abortion being legal in India and were unaware that abortion services can be availed at public sector facilities.

### Project Goal

Ipas as a part of the consortium for safe abortions in India<sup>1</sup>, piloted a district level model for Comprehensive Abortion Care (CAC) services in the public health system for improving access and awareness of safe and legal abortion services in Aurangabad district.

### Project Strategy

The project is aimed at increasing awareness, accessibility and utilization of abortion services in public health system, through the following broad strategies:

1. Strengthen the CAC training system in the public sector.
2. Support trained providers to offer CAC services at the public health facilities.
3. Implement behavior change communication to inform the community about the legality and availability of CAC services at public sector facilities.

### Project Scope

The project activities were initiated in February, 2007 and completed in December, 2009. The evaluation of the project was done through baseline and endline community and facility surveys. 22 PHCs and 10 rural hospitals were covered under the project. The behavior change communication component of the project was implemented in 600 villages in the catchment area of the intervention sites.

### Partnership with Government of Maharashtra

The project was designed and implemented in close collaboration with the Government of Maharashtra. A district level core committee, chaired by the Deputy Director Health Services (DDHS) was constituted to ensure effective project planning, implementation and monitoring. The state government co-funded the project by meeting the cost of training and strengthening infrastructure at sites.

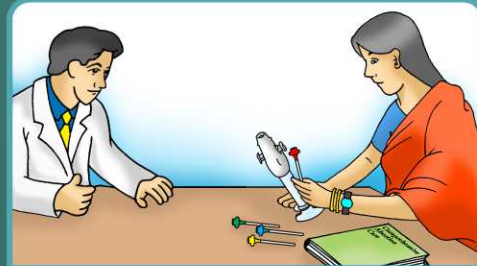
<sup>2</sup>For detailed information on the outcomes of the pilot project, please refer to Jejeebhoy. S. J., A.J.Francis Xavier, R. Acharya and S.Kalyanwala, 2011. Increasing access to safe abortion in rural Maharashtra: Outcomes of the Comprehensive Abortion Care model. New Delhi: Population Council

Note: Service delivery data is from caseload reporting of the public sector sites; training data is from training center reports.

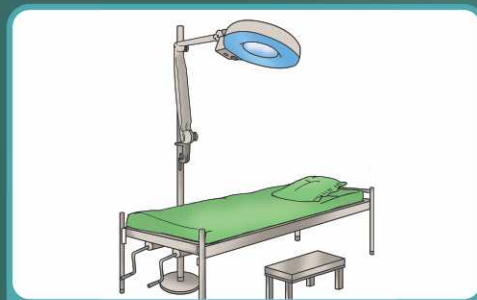
<sup>1</sup>The Consortium for Safe Abortions in India include ARTH, CEHAT, FOGSI, FPAI, Ipas, Population Council, Society of Midwives India and International Maternal and Child Health (IMCH), Uppsala University. The project has been supported jointly by the Swedish International Development Cooperation Agency (Sida), Embassy of Sweden and the David and Lucile Packard Foundation.

# The Aurangabad District Level Model to Improve CAC Services in the Public Sector

## Mentoring and strengthening of sites



Technical mentors provide on-site support to the trained doctors



25 sites strengthened through infrastructure and equipment support

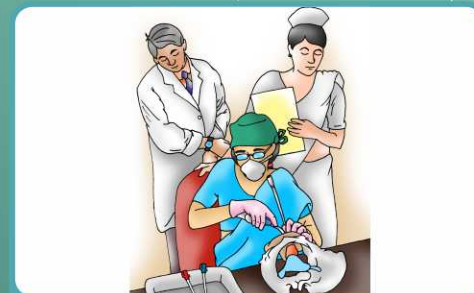


Facilitated improved reporting and record keeping

## Training and service delivery



Two Comprehensive Abortion Care (CAC) training sites established



8 Gynecologists, 43 MBBS doctors and 25 Nursing staff trained



22 PHCs and 5 RHs started providing CAC services



3,900 women accessed CAC services at these sites

## Creating awareness



800 wall paintings, 5,000 posters and leaflets used to generate awareness



1,300 community intermediaries oriented to act as referral agents for CAC services



Two lakh women reached through 4,300 IPC / group meetings



600 villages covered through 760 street dramas