



सत्यमेव जयते

Ministry of Health and Family Welfare
Government of India



**National Consultation on
Comprehensive Abortion
Care for Women:**

**Roadmap for
Increasing Access**

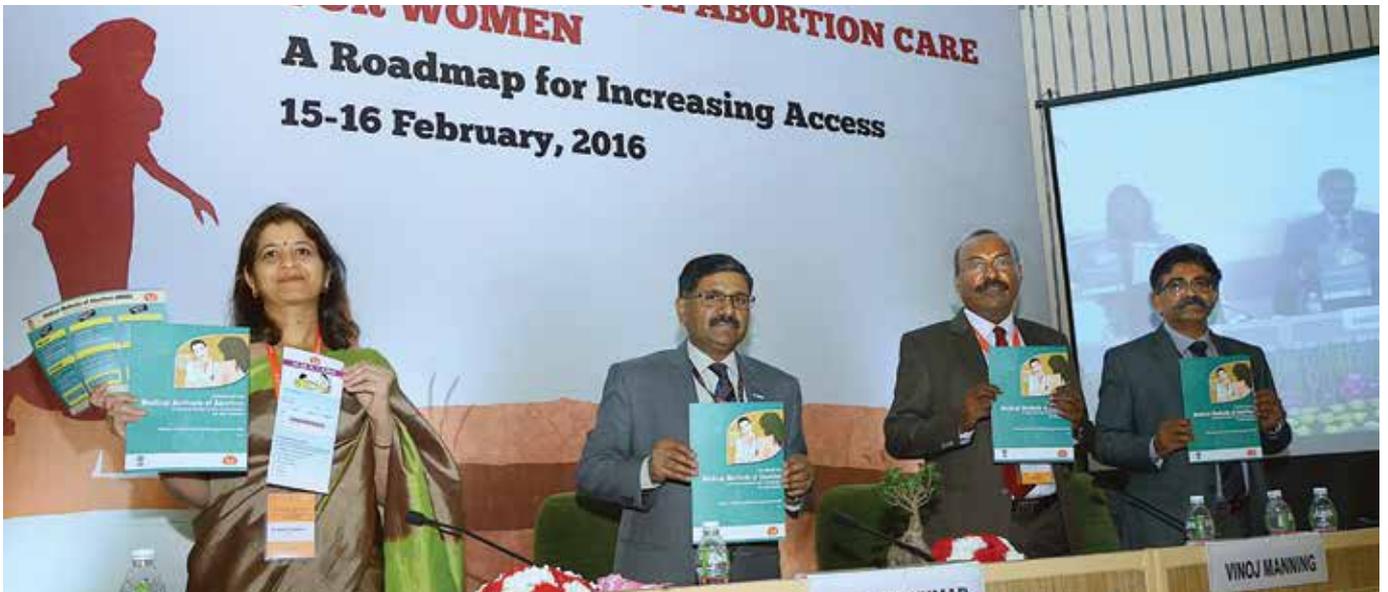
A BRIEF REPORT

The National Consultation on Comprehensive Abortion Care for Women was convened by the Ministry of Health and Family Welfare (MoHFW) and Ipas India on 15 and 16 February, 2016 at Vigyan Bhawan, New Delhi. Over 180 national and state government representatives, technical officers, and civil society partners came together to deliberate on a roadmap for increasing access to comprehensive abortion care (CAC) in the country. Through the two days, participants focused on key aspects of CAC: key modalities for ensuring CAC services in the public health system; innovations for improving quality; pertinent issues such as postabortion contraception and ensuring access to safe abortion while reducing gender-biased sex selection.

The Medical Termination of Pregnancy (MTP) Act was passed more than 40 years ago and since then significant strides have been made to address unsafe abortion but there still remains work to be done. Mr Vinoj Manning, Executive Director, Ipas Development Foundation (IDF) brought focus on the need for CAC training centers to set the gold standard for services, maximizing the potential of medical methods of abortion (MMA), and ensuring that adequate second-trimester and postabortion contraception services are being offered to women who need them. Dr Rakesh Kumar, Joint Secretary (RCH), MoHFW, emphasized the need to break the logjam in CAC services in order to achieve significant improvement. He said that CAC services must be offered at all levels of the public health system, and trained providers must be supported through a strengthened health system that offers adequate equipment, supplies and infrastructure. The priority areas highlighted by Dr Rakesh Kumar also included building awareness about the availability of safe abortion services and carrying forward the proposed amendments to the MTP Act. This document brings out the key discussions and action points on these issues from the national consultation as a roadmap for the way forward in increasing access to CAC at the national and state levels.

The key issues that were discussed at the consultation were:





Launch of the GoI Training Package on Medical Methods of Abortion (MMA) by Dr. Rakesh Kumar, Joint Secretary (RCH)

Medical Methods of Abortion (MMA)

Globally MMA is often the method of choice for women due to the confidentiality, safety and non-surgical nature of the procedure. In India, MMA is an integral part of CAC trainings; and while providers and implementing authorities have realized its potential, there is still progress to be made on this front.

To address the gap between policy approvals and implementation, and take forward learnings from on-the-ground experience, an MMA training package was developed by the Maternal Health division of the MoHFW with assistance from Ipas India. This was launched at the consultation. The package contains a handbook, ready reckoner, and follow-up card. The ready reckoner provides a quick reference on drug dosage and schedule. The handbook provides detailed technical information on the procedure and drugs; counselling; documentation formats; contraception; and treatment of side effects and potential complications. An e-module on MMA, a digital learning program developed to serve as an online MMA-specific refresher course for CAC-trained providers and gynecologists to improve their skills and knowledge, was also launched by Mr C. K. Mishra, Additional Secretary and Mission Director (NHM).

Madhya Pradesh has already implemented a similar model of MMA-focused training. During the session, Dr. Archana Mishra, Deputy Director (Maternal Health), Government of Madhya Pradesh, shared the state's experience of successfully increasing access to MMA by working with low and non-performing providers, improving community awareness and creating a holistic package of MMA services.

Action Points for Increasing Access to MMA

For MoHFW

- > Upload MMA handbook and e-module on NHM website with instructions to states on implementation
- > Share updated MMA card
- > Include and monitor MMA-related indicators in the quarterly CAC format and Health Management Information System (HMIS)

For States

- > Complete facility listing, starting with primary healthcare facilities
- > Include MMA combipack in essential drugs list
- > Strengthen supply chain management for MMA drugs
- > Allocate adequate resources for MMA training and procurement of drugs
- > Reorient all CAC-trained providers on MMA using the e-module, followed by a half-day orientation

Quality of CAC Services

The standardization of CAC training and service delivery began with the launch of the National CAC Training and Service Delivery Guidelines in 2010. These guidelines were instrumental in transforming abortion care from a purely medical approach to a woman-centered CAC approach, and in simplifying service provision within the context of the law. In 2014, these guidelines were further strengthened through the release of the National CAC training package. GoI has since taken the initiative to establish model centers to demonstrate the ideal set up for CAC training and service delivery. Dr Dinesh Baswal, Deputy Commissioner (Maternal Health), MoHFW, introduced this intervention and said that it aims to improve quality of woman-centered CAC trainings and subsequent CAC service provision. He explained that training centers in eight states - Bihar, Chhattisgarh, Maharashtra, Madhya Pradesh, Karnataka, Rajasthan, Jharkhand and Assam - have been selected in Phase I of the initiative. These centers will be used to establish highest quality parameters in various aspects of CAC including privacy and confidentiality; equipment and supplies; infection prevention; use of safe technologies; documentation and reporting etc.

Postabortion Contraception

Postabortion contraception plays a key role in abortion care and needs to be strengthened and integrated in CAC and family planning initiatives. During the session, importance of postabortion contraception within the larger national family planning framework was highlighted by Dr S.K. Sikdar, Deputy Commissioner In-charge (Family Planning), MoHFW. He said that the key to improving postabortion contraception uptake is a three-fold strategy that involves making information, services and requisite commodities available. The expansion of the contraception basket of choice is a positive move toward preventing unwanted or unintended pregnancies. During the session, Dr Vasanthi Krishnan, Project Director, IDf shared lessons from Ipas India's comprehensive contraceptive care (CCC) project in Jharkhand and Madhya Pradesh. Some successful approaches for improving postabortion contraception uptake are to include it as a module during the CCC training that Ipas India provides to health service providers in the two states, place emphasis on adequate counselling, and reach out to the community through community health intermediaries

Action Points for Improving the Quality of CAC services

For MoHFW

- > Monitor status of progress made on model training centers being established in Phase 1.
- > Share details of the concept with all states along with a common branding concept

For States

- > Allocate funds for this intervention in PIPs in states with identified facilities
- > Make CAC model centers at selected facilities functional by 2016-17

Action Points for Strengthening Postabortion Contraception

- > Strengthen coordination between Maternal Health and Family Planning (FP) division
- > Ensure placement of postabortion contraception as a priority area within the FP intervention
- > Strengthen postabortion contraception in CAC and FP trainings
- > Integrate the roles of RMNCH+A/FP/RKSK/PPTCT counsellors for comprehensive counselling
- > Re-look at current FP incentives to ASHA and link to postabortion contraceptive uptake
- > Assess status of and guide states on strengthening record keeping systems for postabortion contraception

In order to strengthen the uptake of postabortion contraception thus far, the MoHFW has facilitated the placement of reproductive, maternal, newborn, child, and adolescent health (RMNCH+A) counsellors; and developed a note on postabortion family planning, IEC materials, and the Medical Eligibility Criteria (MEC) Wheel. In addition, the Expanding Access to IUCD Services in India project, initiated in 2014, has brought focus on improving overall contraceptive care, including post abortion in six states. The basket of contraceptive choice continues to be expanded with injectables; progestin-only pills and centchroman (ormeloxifene) pills to be made available through the public health system in the near future: this will allow men and women greater freedom in choosing a contraceptive that meets their needs.

Communication Initiatives

Increasing awareness is a key aspect of comprehensive initiatives on sexual and reproductive health, and abortion in particular. This session examined the best practices in reaching women with correct and timely information, and in utilizing limited resources to deliver the largest impact. Mr Rajat Ray, Senior Advocacy and Communication Officer, UNFPA spoke about the importance of using innovation in packaging communication in maternal health initiatives, and said that awareness and knowledge levels increase through segmentation when messages are customized for the specific target audience. The session further drew on experiences of Dr Alka Gupta, Deputy Director (Maternal Health), Government of Chhattisgarh and Dr Khalekuz Zaman, Consultant (Maternal Health), Government of Assam who spoke about how their states conduct mass media IEC campaigns on safe abortion. In addition, Dr Sushanta Banerjee, Senior Director (Research and Evaluation), IDF, provided an overview of research into behavior change communication (BCC). He stated that communities are receptive to messages on CAC; multiple contacts are required to ensure the audience correctly understand the messages; cost, distance and waiting time influence service provision; BCC during post-training mentoring of service providers strongly influences access.

In order to improve awareness about safe abortion, a mass media campaign 'Making Abortion Safer' was developed and broadcast by GoI in 2015. It is in the process of being translated and aired on state-specific channels. Some states have already adapted and translated the available GoI CAC IEC materials. Community linkages have been strengthened by involving ASHAs and research on effective communication models for abortion has been conducted to ensure optimum utilization of available resources.

Action Points for Improving Communication about Abortion

For MoHFW

- > Develop a comprehensive communication strategy, especially including common branding for CAC-related communication
- > Issue guidelines to states to make efforts to increase awareness about legality of second-trimester abortions

For States

- > Engage frontline workers to increase community awareness on legality and availability of CAC services
- > Develop an IEC strategy to increase awareness about legality of second trimester abortions
- > Disseminate CAC IEC and mass media

Operationalizing CAC in the NHM

CAC has been included as a key component of the NHM and the RMNCH+A approach. As a result adequate funds have been made available at the state level for CAC training, IEC, mobility incentives for ASHAs, procurement etc. Representatives from Bihar, Karnataka, Meghalaya, West Bengal and Uttar Pradesh expanded on their state-specific experiences of the various aspects and efforts required to operationalize CAC in the NHM. Dr Kumar Purushotam Singh Nirala, State Program Officer (FP) and Nodal officer CAC, Bihar, presented initial outcomes of Yukti Yojana, an innovative public-private partnership that makes available free-of-cost CAC services to women in the state. Dr R. M. Lamare, Joint Director of Health Services (Maternal and Child Health and Family Welfare) from Meghalaya delved into the intricacies and challenges of CAC reporting in Meghalaya and the steps that the state has taken to address them.

Dr N. Rajkumar, Deputy Director (Family Welfare) from Karnataka explained that a streamlined procurement process for CAC supplies and equipment is vital for not only uninterrupted services but also to ensure high quality supplies; establish transparency and uniformity; promote equitable distribution and hasten the process, and elaborated on how this is successfully being done in Karnataka. Dr Santosh Kumar Roy, Additional Director Health Services (Maternal Health) from West Bengal provided an overview of effective implementation of the MTP Act at the state level.

Mr Amit Kumar Ghosh, Mission Director (NHM), from Uttar Pradesh expanded on the process of establishing and strengthening CAC services; he also provided a comprehensive response from the states to GoI. These provided an opportunity to learn from and understand the varied challenges and solutions for operationalizing CAC in different states across the country.

At the national level, a CAC action plan was developed in 2014 and continues to be monitored regularly. The MoHFW developed and keenly implements the quarterly reporting formats to assess status of CAC services at the state level. To improve the overall operationalization of CAC, the Ministry has also facilitated rational deployment of trained providers in states, supported innovations like Yukti Yojana, implemented integrated trainings and encouraged exploration of new avenues.

Clarifying Distinction between Safe Abortion and Gender–Biased Sex Selection

Addressing conflation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act and MTP Act is critical for unimpeded access to CAC. Gender-biased sex selection is a very serious problem. Driven by discrimination and son-preference, this results in a striking disparity between the number of boys and girls being born in India. Sex determination falls under the purview of the PC&PNDT Act, which was enacted with the goal to improve the child sex ratio in India. Conflation of the PC&PNDT Act and the MTP Act however, has negatively impacted access to safe abortion. The panel discussion, chaired by Mr Vinoj Manning, Executive Director, IDF with the participation of Ms Bindu Sharma, Director (RCH), Government of India; Ms Ena Singh, Assistant Representative, UNFPA; and Dr Jaydeep Tank, Deputy Secretary General of FOGSI, exhorted the need for government authorities, implementers, service providers and the community at large to stick to the spirit of the two Acts that govern two very different, interlinked issues.

Action Points on Operationalizing CAC in the NHM

For MoHFW

- > Strengthen partnerships for technical support for CAC in states
- > Conduct regional CAC workshops to enable inter-state experience sharing and enable way forward
- > Strengthen CAC reporting at state and national levels

For States

- > Focus on ensuring availability of second-trimester abortions
- > Implement system of CAC trainers and mentors to support CAC-trained providers; prepare and share a schedule for visits by these mentors with GoI
- > Ensure formation and functioning of district-level committees (DLC); state authority to monitor that applications are processed within a specified time frame
- > Create a comprehensive database of CAC-trained providers and facilities providing CAC

Sensitization workshops on this conflation have been organized by development partners in some states. A Guidance Handbook and ready reckoner were released by Mr C. K. Mishra, Additional Secretary and Mission Director (NHM). The handbook contains simplified guidelines on the issues and is designed to reach out to implementing authorities for the MTP Act and PC&PNDT Act; providers; and owners of facilities where CAC services are offered; and those communicating about these issues.



Launch of the GoI Guidance Handbook: *Increasing Access to Safe Abortion Services While Addressing Gender-Biased Sex Selection* by Mr. C.K. Mishra, Additional Secretary and Mission Director (NHM)

Action Points on Addressing Conflation of Safe Abortion and Gender Biased Sex Selection

- > Both MoHFW and states to look at ways of sensitizing ASHAs/AWWs/ANMs/nurses on legal aspects of both Acts
- > Director, PC&PNDT to facilitate strengthening of relationship between implementing authorities and doctors
- > MoHFW to explore mechanisms for conducting focused review of MTP services

Conclusion

The discussions and deliberations during the consultation were synthesized and presented as a roadmap at the closing plenary by Dr Dinesh Baswal. The national consultation concluded with a valedictory address by Mr C. K. Mishra who urged participants to continue to prioritize CAC and sustain efforts to improve the lives and health of women in India.



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