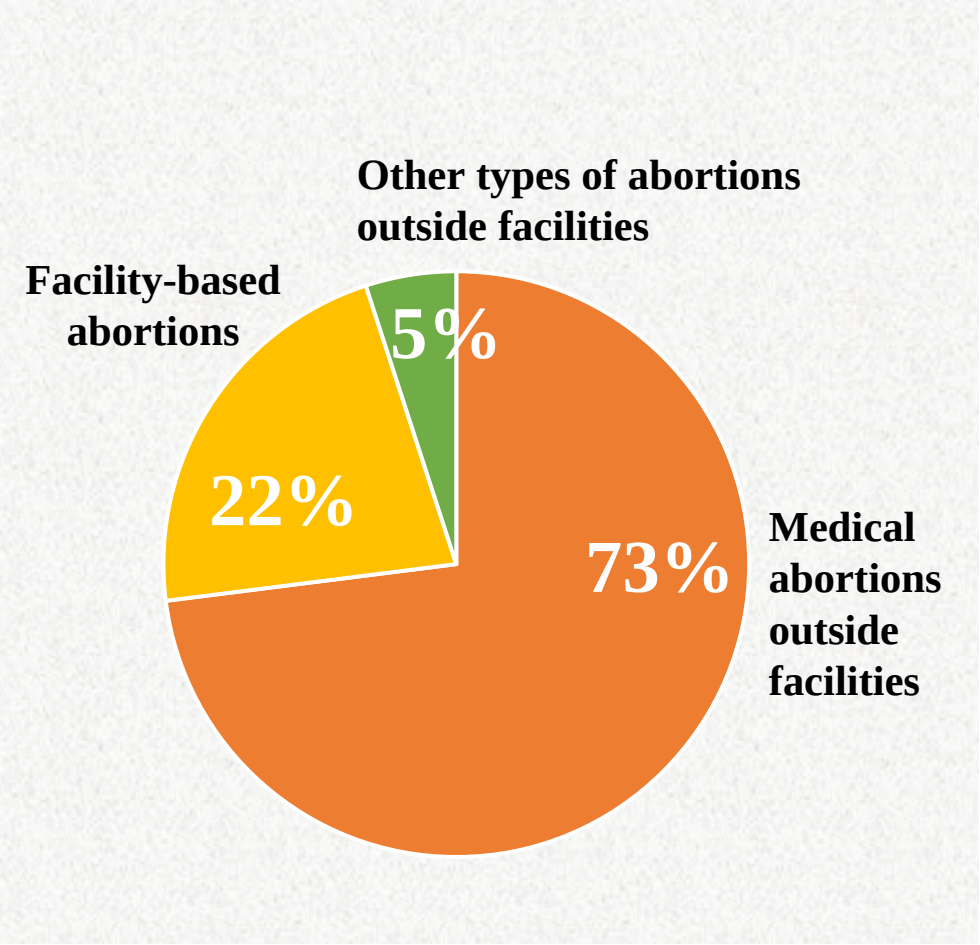
Transforming the Abortion Ecosystem in India

An overview of IDF's woman-centered approach

15.6

million annual abortions in India



The Indian Abortion Context

Abortion was **legalized in India up to 20 weeks of gestation** with the passage of the Medical Termination of Pregnancy (MTP) Act, 1971.

Despite this, even today, majority of abortions in India take place outside of the formal health system – from chemists, informal providers or using traditional methods.

It is estimated that of the **15.6 million abortions that** take place in India every year, more than three-fourths (**78%) take place outside health facilities***

***The incidence of abortion and unintended pregnancy in India, 2015**
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30453-9/fulltext


Judgement &Stigma
Time & Money
Myths
Back-alley providers
Lack of awareness

Barriers for Women

Women seeking abortion are forced to attempt abortion outside the formal health system due to a multitude of **barriers that impede access to facility-based care:**

Women **lack awareness**
- Only 22% are aware that abortion is legal in India*
- 62% believe that abortion is a sin*

Women **do not have decision-making agency**
- Only 3% choose their own doctor*
- Only 5% could visit friends or relatives outside the village unescorted*

Services they need are not available close to where women stay
- Only one abortion doctor per 200,000 population
- Private-sector ob-gyns are clustered in urban areas – 20% districts had no private ob-gyn providing abortion services**

***IDF's community-level assessment in Assam and Madhya Pradesh, 2018 **National FOGSI database for 10 states, 2020**

IDF’s Woman-cen

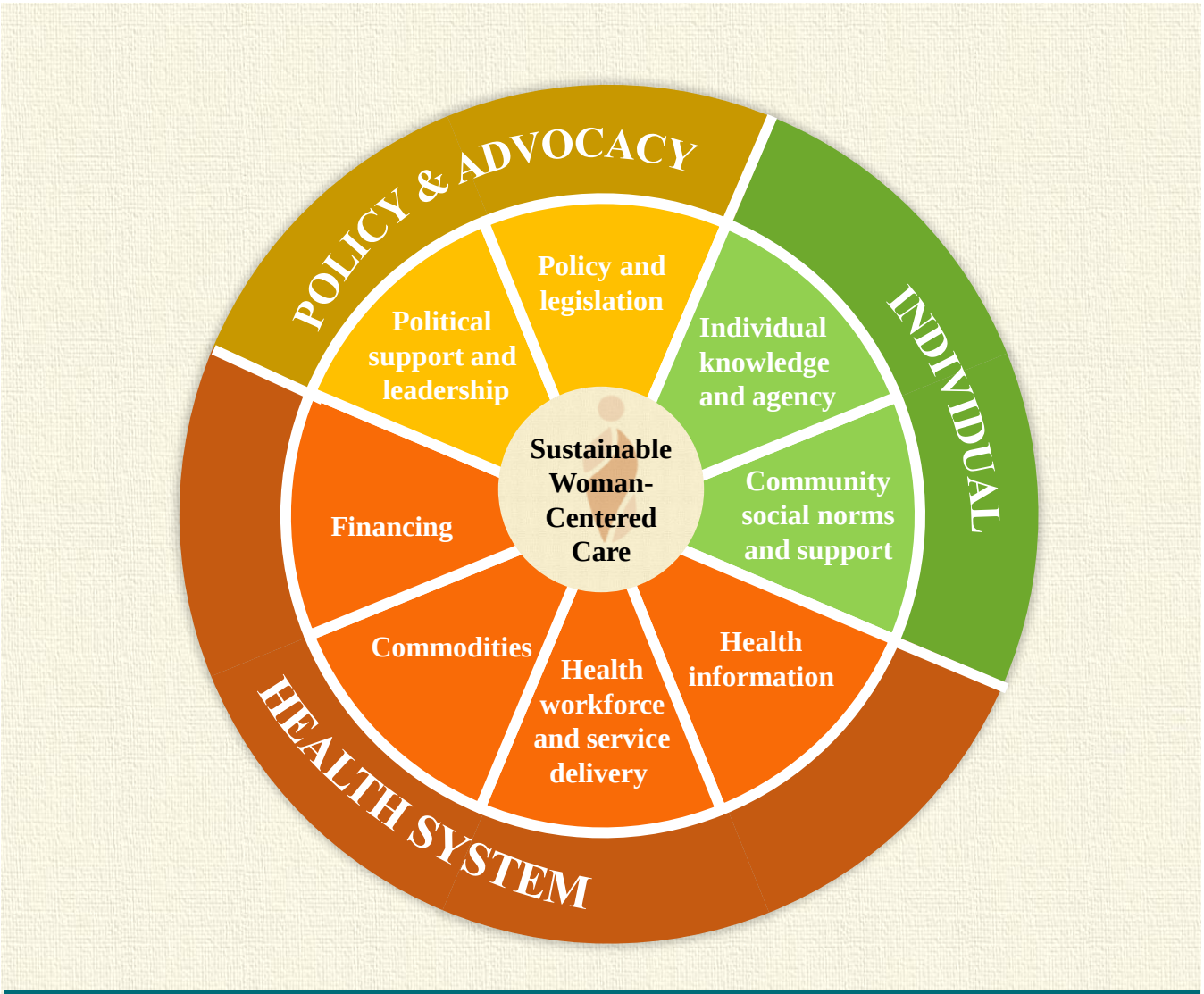
tered Approach

Keeping Women and Girls at the Center

For us, it all starts with understanding what women and girls want and need when it comes to their reproductive health.

With the belief that **every woman and girl should be able to determine her own future**; we build programs around their needs and how best to support them.

We do this through consistent efforts aimed at making **sustainable change in the abortion ecosystem** in which these women and girls are located, with a sharp focus on the young, poor, rural, and marginalized.



Three Focal Components of Our Approach

Our Approach

With the objective of increasing access to sustainable, equitable and woman-centered comprehensive abortion care, we begin our approach **with the individual** and focus on understanding the complexity of the environment in which women make abortion decisions—or as we call it, the ***abortion ecosystem*.**

Following a systems approach, we then work with a range of stakeholders to focus on the **health system** and the **policy and advocacy** arena with the objective of creating health services and an environment that are truly responsive to the needs of the woman.

Individual

Even today, majority of women and girls are not able to access abortion services due to lack of information and agency. Other factors that impede access include stigma, discrimination and lack of social support.

Community outreach session

Ensuring respectful services

Accompaniment Support

Improving Knowledge and Agency

Our program includes **building knowledge and self-efficacy, especially among young women** to make SRH decisions and **training and capacity building of health workers** within the public health system.

For sustained gains in the community, we build capacities of women within the community to be **peer educators** and mentor them to reach out to girls and young women in the community and in schools. To complement these efforts, we strengthen public-sector facilities to be youth-friendly and **sensitize health providers** and support staff to offer sensitive, non-judgmental SRH counselling and services.

Our peer educators provide **accompaniment support** to help young women and girls overcome their hesitation and navigate through the formal health system for SRH services.

Creating Pathways to

We strengthened care-seeking behavior

Improved Knowledge

51% Young women reported correct knowledge on legality of abortion
(compared to 22% at baseline)

Improved Agency

16% increase in agency score – young women are able to better negotiate SRH-related conversations with partners

Access– Demonstrated Outcomes

among young women and created new pathways to access:

Improved Access

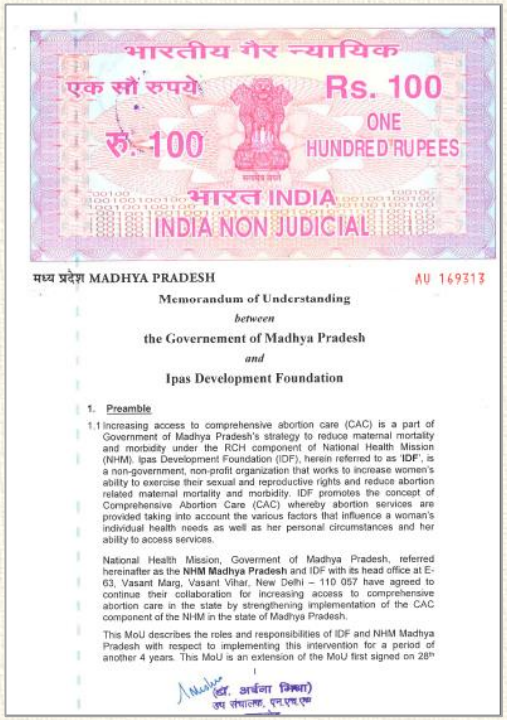
45% Young women reported accessing health facilities for SRH services *(compared to 14% at baseline)*

3-fold Increase in monthly SRH caseload of facilities

Health System

Limitations of the Indian abortion law have led to an acute shortage of providers. Currently only 3% of the potential health workers are permitted to offer abortion services in India – this is the biggest access barrier for millions of women, especially the poor.


HEALTH FACILITY



भारतीय गैर न्यायिक
एक सौ रुपये
Rs. 100
ONE HUNDRED RUPEES
रु. 100
भारत INDIA
INDIA NON JUDICIAL

मध्य प्रदेश MADHYA PRADESH AU 169313

Memorandum of Understanding
between
the Government of Madhya Pradesh
and
Ipas Development Foundation

1. Preamble

1.1 Increasing access to comprehensive abortion care (CAC) is a part of Government of Madhya Pradesh's strategy to reduce maternal mortality and morbidity under the RCH component of National Health Mission (NHM). Ipas Development Foundation (IDF), herein referred to as 'IDF', is a non-government, non-profit organization that works to increase women's ability to exercise their sexual and reproductive rights and reduce abortion related maternal mortality and morbidity. IDF promotes the concept of Comprehensive Abortion Care (CAC) whereby abortion services are provided taking into account the various factors that influence a woman's individual health needs as well as her personal circumstances and her ability to access services.

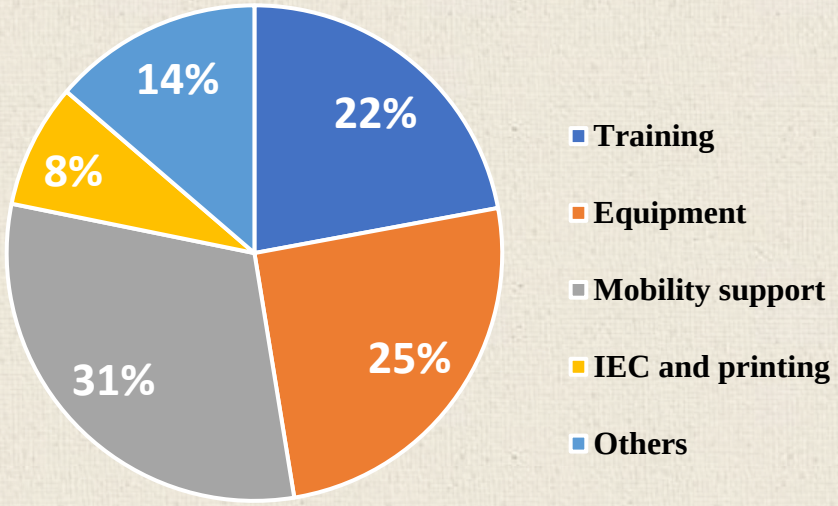
National Health Mission, Goverment of Madhya Pradesh, referred hereinafter as the **NHM Madhya Pradesh** and IDF with its head office at E-63, Vasant Marg, Vasant Vihar, New Delhi – 110 057 have agreed to continue their collaboration for increasing access to comprehensive abortion care in the state by strengthening implementation of the CAC component of the NHM in the state of Madhya Pradesh.

This MoU describes the roles and responsibilities of IDF and NHM Madhya Pradesh with respect to implementing this intervention for a period of another 4 years. This MoU is an extension of the MoU first signed on 28th

(डॉ. अर्चना त्रिपाठी)
उप संचालक, एन.एच.एम

MOUs with 11 state governments for improving access to safe abortions

USD 2 million allocated by the government for CAC for April 2019-March 2020



Public Sector Partnership for Scale and Sustainability

With the objective of bringing abortion services closer to women's homes, we **build capacities of the public health system** and **decentralize services** to its lowest, most remote parts. We achieve this by collaborating with the **federal and state governments – an integral partner in all work we do.**

Key highlights:

- **Memorandums of Understanding with 11 state governments** for improving access to safe abortions
- Ensured allocation of adequate **financial resources for CAC** every year
- **Streamlined supply chain processes** that ensure availability of adequate essential equipment and supplies

Our consistent focus on the public health system for CAC has enabled us to achieve unmatched **scale and sustainability, and improved access** for millions of rural and poor women and girls in our program states.

Didactic Training Sessions

Building Clinical Skills

Post-training Support

Training & Service Delivery Systems for Expanding Abortion Provider Base

To initiate high-quality abortion services in the most remote parts of the country, our CAC training creates **new legal abortion provider**s in accordance with the law. With a vision for sustainability, we **train a cadre of trainers** in the public health system of our program states and mentor them to conduct further trainings. We continue to provide support to the 104 training centres strengthened by us.

To ensure training leads to service delivery, we follow an intensive **post-training support mechanism** – we visit trained providers at their facility of posting and address any clinical and/or programmatic barriers to service provision. We also undertake **community outreach activities** in the catchment areas of our intervention facilities to increase awareness about availability of abortion services.

Decentralizing Services for the Most Vulnerable

Following a cascading model, we train eligible doctors from peripheral public health facilities to strengthen services where they are most needed

104
Functional CAC Training Centres

6,830
New Legal Abortion Providers Created

5,308
Service Delivery Points (84% primary level health facilities) in the Public Health System Activated

Serving Women and Girls Most in Need

1,885,000 **women and girls provided services**

53% **Poor** *(below the poverty line indicating their poor economic background)*

45% **Rural** *(accessed services from primary health facilities)*

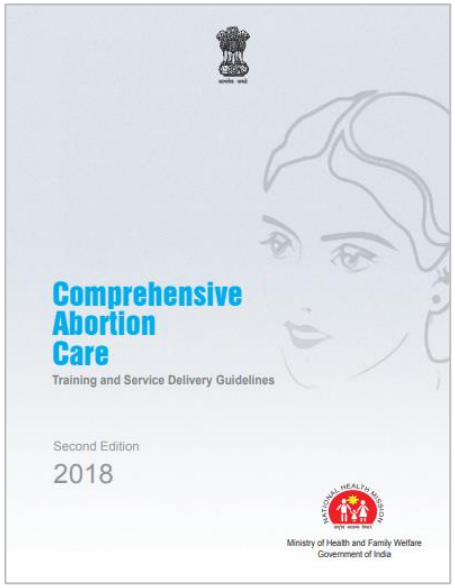
36% **Young** *(<25 years)*

84% **Marginalized** *(belong to socially disadvantaged groups: Other Backward Class, Scheduled Castes and Scheduled Tribes)*

Policy and Advocacy

Abortion is a low priority issue for policymakers. Even though abortion in India is governed by a reasonably liberal law, it continues to be over-medicalized, and has not been able to translate into effective on-ground access.

National CAC Consultation 2019, with 140 participants particularly government officials from 27 states and union territories



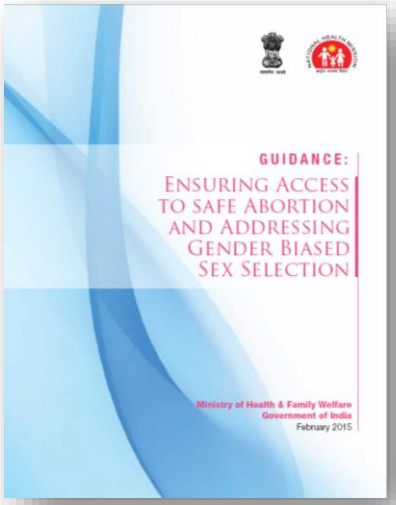
Govt of India's CAC Training & Service Delivery Guidelines, 2018 revised with technical assistance from IDF

Prioritizing CAC on the national agenda

Over the years we have successfully collaborated with the federal and state governments and forged strategic partnerships with other key stakeholders to **keep CAC on the national and state agendas.** We have been the key driver for key strategic and operational shifts in abortion service delivery, and standardizing trainings and key resources. Key highlights of our work with the federal government:

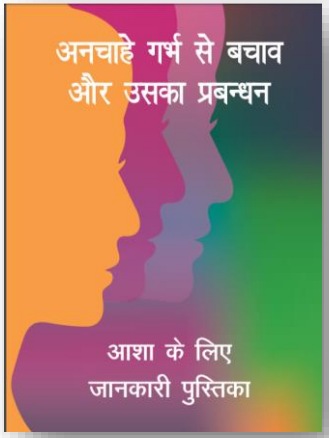
- Assistance in **amendments to the Medical Termination of Pregnancy Act**
- Co-hosting **national-level CAC consultations** annually – the largest national discourse on CAC
- Developing **standards and guidelines in line with global recommendations** to standardize trainings and service delivery across the country

Govt of India's CAC training package



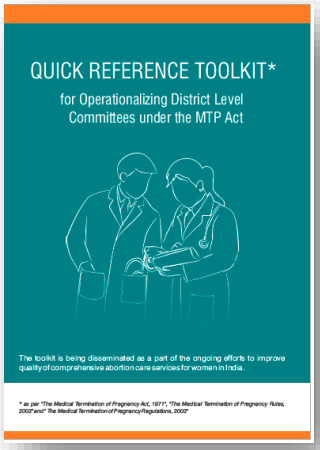
Guidance Note

Govt of India's PSA on making abortion safer



Information booklet for community health intermediaries

IEC Materia'



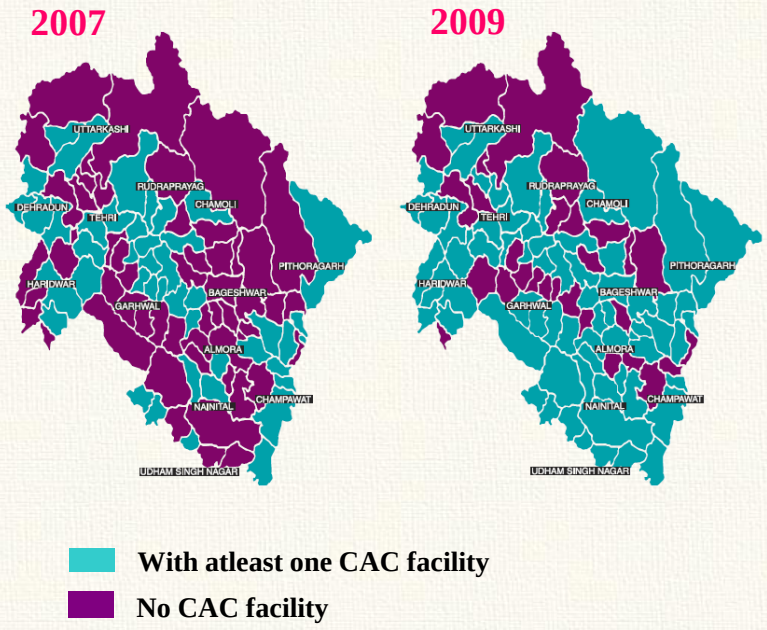
Reference toolkit for private sector accreditation

Resources* Developed for Government of India

Given the depth and consistency of our field experience, we are the **go-to partners for the federal government for development of CAC and related resources.** We have been involved in development of all CAC resources that are currently being used across the country.

*Available on the website of the National Health Mission, Government of India: https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1161&lid=649 and used across the country under the National Health Mission

Map of Uttarakhand



Key evaluation results	2007	2009
Improved availability of trained providers		
Facilities with at least one trained doctor	36%	52%
Urban hospitals with at least four trained doctors	18%	50%
Improved availability of essential equipment for abortion		
Rural facilities with all essential equipment	15%	47%
Urban hospitals with all essential equipment	35%	71%
Improved CAC service delivery		
Rural facilities providing regular services	19%	38%

Strengthening the Public Health System for Sustained Impact: A case study

We tested the efficacy of our woman-centered approach in **Uttarakhand**, a hilly Indian state. In partnership with the government of Uttarakhand, we worked in the state's public health system for a period of three years. We followed this up with an evaluation study to assess the impact of our intervention and potential for sustainability.

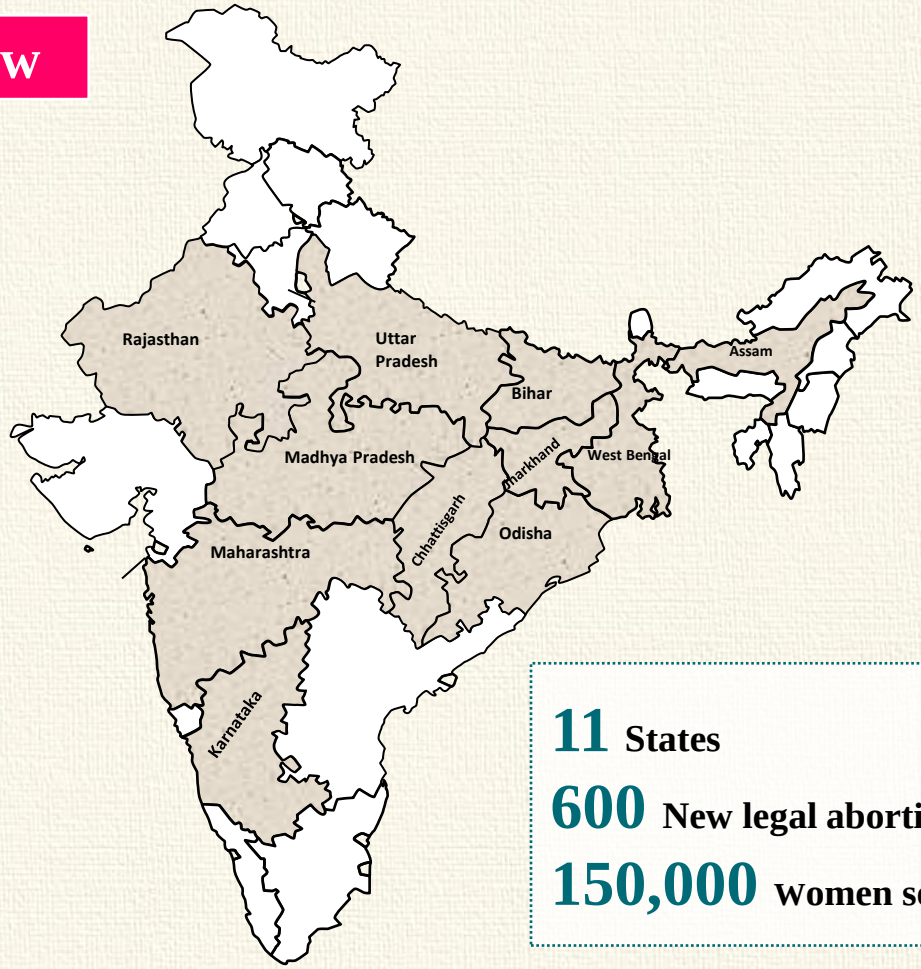
The evaluation revealed that there was significant improvement in service availability – percentage of rural **facilities providing CAC services increased from 19% in 2007 to 38% in 2009**. Further, while in 2007, one-third (33%) of the abortions of the state were performed at public health facilities, in 2009 **public health facilities provided almost one-half (48%)** of all abortions in the state.


दिनांक

Despite significant successes in transforming the abortion ecosystem – including shifting the national discourse from medical termination of pregnancy to woman-centered comprehensive abortion care – the public health system remains inadequate to meet the needs of millions of women.

IDF Vision 2025: Making Safe

Now



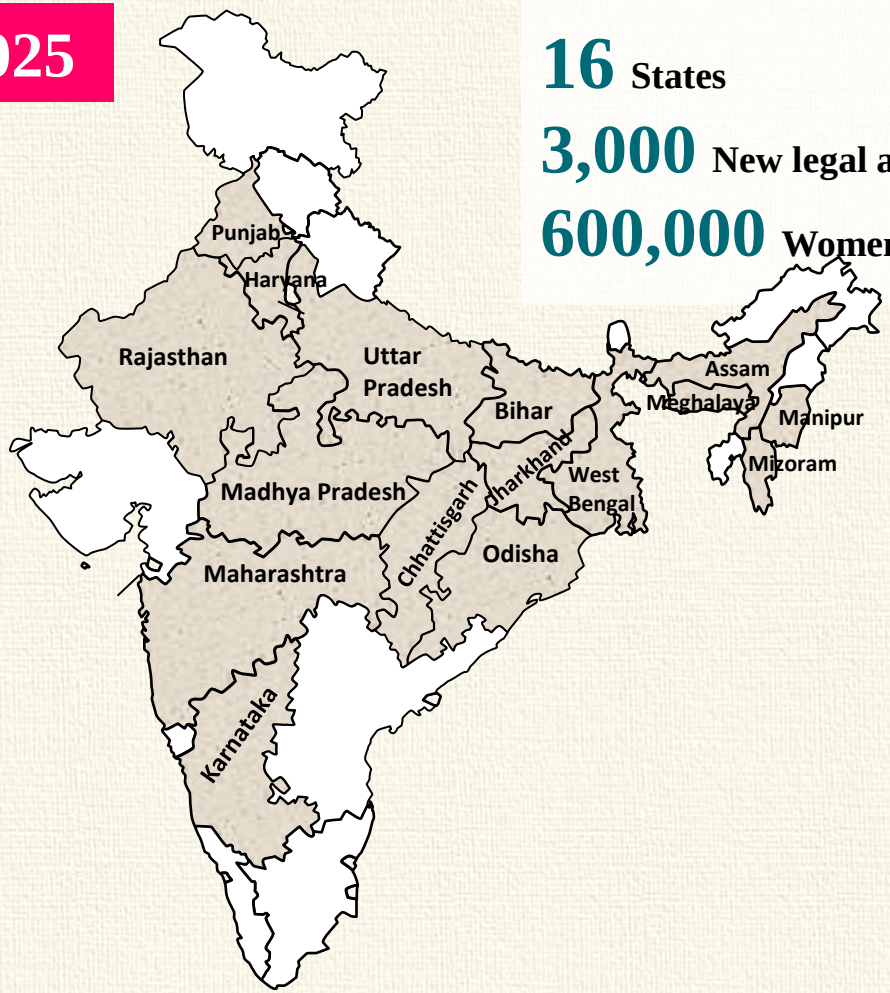
11 States

600 New legal abortion providers trained/ year

150,000 Women served/ year

Abortions a Reality For All

2025



16 States

3,000 New legal abortion providers trained/year

600,000 Women served/ year

Know more about us:

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