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ANNUAL REPORT

SAFE ABORTION SERVICE (SAS) PROGRAM
Society Development Center (SODEC)/ Ipas
Nepal



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Sankhuwasabha District



Executive Summary

This project completion report presents the progress achieved in FY 2019/20 (July, 2019 to June 2020). Ipas Nepal has provided financial as well as technical support for overall implementation of the project. This report presents the performed activities and some cross cutting activities during the fiscal year as per agreement between SODEC and Ipas Nepal.

The report contains health networking, reproductive health, women's access to safe abortion in the 2030 agenda (SDG), safe motherhood, FCHV program, family planning program. Safe abortion service program- abortion, legal provision, success and constraints, listed health facilities are included in the report. HMIS- 3.7 data of the FY 2019/20 is analysed according to the outputs- safe abortion service and post abortion contraceptive acceptance. Of project tenure- FY 2074/75 to 2076/77 comparative analysis is also included in report. Awareness program through different means of activities with major issues and recommendations are described briefly.

The major outputs of safe abortion service project are measured on the basis of increasing safe and legal abortion and post abortion contraceptive acceptance. 7 percent safe and legal abortion has increased whereas 0.21 percent has decreased post abortion contraceptive acceptance in FY 2076/77 than FY 2075/76 in the district.

Abbreviation

ANM:	Auxiliary Nurse Midwife
BCC:	Behavior Change Communication
BHC:	Basic Health Center
BT:	Blood Transfusion
CAC:	Comprehenship Abortion Care
CBS:	Central Beauru of Statics
CHU:	Community Health Unit
CM:	Clinical Mentor
COPE:	Client Oriented and Provider Efficiency
COVID:	Coronavirus disease
CPR:	Contraceptive Prevalence Rate
CS:	Cesarean Section
DAG:	Disadvantaged Group
DCC:	District Coordination Committee
DHO:	District Health Office
DPAC:	District Program Advisory Committee
FCHV:	Female Community Health Volunteer
Fig.:	Figure
FM:	Frequency Modulation
FWLD:	Forum for Women, Law and Development
GoN:	Government of Nepal
HFOMC:	Health Facility Operational and Management Committee
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HP:	Health Post
FY:	Fiscal Year
IEC:	Information Education Communication
IUCD:	Intra Uterine Contraceptive Device
IYD:	International Youth Day
km.	Kilometer
LARC:	Long Acting Reversible Contraceptive
MDG:	Millennium Development Goal
MoHP:	Ministry of Health and Population
NGO:	Non-Governmental Organization
PAC:	Post Abortion Complication
PHC:	Primary Health Center
QIC:	Quality Indicator Checklist
RHS:	Reproductive Health Service
RMNCH:	Reproductive Maternal, Neonatal and Child Health
SAS:	Safe Abortion Service
SBA:	Skilled Birth Attendant
SBCC:	Social Behavior Change Communication
SCCI:	Sankhuwasabha Chambers of Commerce and Industry
SDG:	Sustainable Development Goal
SMNHLTP:	Safe Motherhood and Neonatal Health Long Term Plan
SODEC:	Society Development Center
Sq.	Square
SP:	Service provider
STD:	Sexually Transmitted Disease
UHC:	Urban Health Center
UNFP:	United Nations for Family Planning
UPT:	Urine Pregnancy Test
USG:	Ultrasonography
Vs.	Versus

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1. Introduction

1.1 Background

1. Sankhuwasabha lies in province no. 1. It shares border with Taplejung and Terhathum in East, Solukhumbu and Bhojpur in West, Dhankuta and Terhathum in South and Republic of China in North. It is situated between latitude 27°06" N to 27°55"N and 85°57"E to 87°00"E longitudes. It occupies an area of 3486.17 sq. km. and height ranges from 457m. to 8463 m.
2. Sankhuwasabha consists of 5 rural municipalities and 5 municipalities with 75 wards- 26 in rural municipalities and 49 in municipalities respectively. According to the CBS 2011, the total population of the district is 1,58,742 with sex ratio 90.1, male 47.39%, female 52.61%, average annual exponential population growth rate 0.03%, population density 46 and average household size of 4.58. The district fact sheet is tabulated in annex 1.

1.2 Analysis of Health Concerned Data of District

3. Of the total population, 39,121 (25%) adolescents (10 to 19 years age group) and 30,972 (18%) youths (15 to 24 years age group) consist according to the census 2011. Annex 2 shows the detail information of adolescent and youth population.
4. According to age group of first marriage, 42% first marriage of the age group of 15 to 19 years is found. Among them, 52% are women. The total fertility rate of district is 2.49 per women (Census 2011).



Figure 1 An early married adolescent

1.3 Health System in the District

1.3.1 Health Networking

5. One district hospital, 4 Primary Health Care Centres (PHCs), 34 Health Posts (HPs), 2 Basic Health Centres (2), 14 Community Health Units (CHUs) and 2 Urban Health Centres (UHCs) are in the district. The detail of health networking system of district is in the annex 3. More than 200 health professionals are serving in the health facilities. 324 Female Community Health Volunteers (FCHVs) are working in the district.

1.3.2 Reproductive Health

6. Reproductive health does not start out from a list of diseases or problems - sexually transmitted diseases, maternal mortality - or from a list of programmes - maternal and child health, safe motherhood, family planning. Reproductive health instead must be understood in the context of relationships: fulfilment and risk; the opportunity to have a desired child and or alternatively, to avoid unwanted or unsafe pregnancy. Reproductive health contributes enormously to physical and psychosocial comfort and closeness, and to personal and social maturation and poor reproductive health is frequently associated with disease, abuse, exploitation, unwanted pregnancy, and death.
7. Reproductive health should also address issues such as harmful practices, unwanted pregnancy, unsafe abortion, reproductive tract infections including sexually transmitted diseases and HIV/AIDS, gender-based violence, infertility, malnutrition and anaemia, and reproductive tract cancers. Women bear by far the greatest burden of reproductive health problems. Women are at risk of complications from pregnancy and childbirth; they also face risks in preventing unwanted pregnancy, suffer the complications of unsafe abortion, bear most of the burden of contraception, and are more exposed to contracting, and suffering the complications of reproductive tract infections, particularly sexually transmitted diseases (STDs). Among women of reproductive age, 36% of all healthy years of life lost is due to reproductive health problems such as unregulated fertility, maternal mortality and morbidity and sexually transmitted diseases including HIV/AIDS. By contrast, the equivalent figure for men is 12% (UNFP/ Guidelines on Reproductive Health).

1.3.3 Women's access to safe abortion in the 2030 Agenda for Sustainable Development Goal (SDG)

8. The Sustainable Development Goals (SDGs) for 2030 renew governments' commitments under the MDGs to reduce maternal mortality; achieve universal access to sexual and reproductive health information, education and services; ensure reproductive rights; and achieve gender equality as a matter of women's and girls' human rights. According to the Preamble: "As we embark on this collective journey, we pledge that no one will be left behind." Advancing women's access to safe and legal abortion is a priority for women's reproductive health and rights.
9. As of goal 3, target 3.1, by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births, unsafe abortion as a "leading cause of maternal deaths" and cautioned that "it is likely that the numbers of unsafe abortion will continue to increase unless women's access to safe abortion and contraception – and support to empower women (including their freedom to decide whether and when to have a child) – are put in place and further strengthened by a report of the United Nations Secretary-General in 2013. Yet unsafe abortion is entirely preventable through ensuring women's access to effective contraception together with safe and legal comprehensive abortion care — essential and

cost-effective components of any strategy for reducing maternal mortality and achieving target 3.1.

10. Access to safe, legal abortion has been recognized by the global community as an essential intervention in a package of comprehensive sexual and reproductive health (SRH) services that should be available to all women regardless of age, ethnicity, gender identity, geographic location, marital status, race, religion, socio-economic status or migration status is described in target 3.7. Goal 5 highlights that women's access to safe and legal abortion is as relevant to gender equality as women's equal access to education, employment, adequate food and housing.

1.3.4 Safe Motherhood Program

11. National Safe Motherhood Programme is to reduce maternal and neonatal mortalities by addressing factors related to various morbidities, death and disability caused by complications of pregnancy and childbirth. Global evidence shows that all pregnancies are at risk, and complications during pregnancy, delivery and the postnatal period are difficult to predict. Experience shows that three key delays are of critical importance to the outcomes of an obstetric emergency: delay in seeking care, delay in reaching care and delay in receiving care.
12. To reduce the risks associated with pregnancy and childbirth and address these delays, three major strategies have been adopted in Nepal: Promoting birth preparedness and complication readiness including awareness raising and improving the availability of funds, transport and blood supplies, promoting the use of skilled birth attendants at every birth, either at home or in a health facility and provision of 24-hour emergency obstetric care services (basic and comprehensive) at selected public health facilities in district.
13. Since its initiation in 1997, the Safe Motherhood Programme has made significant progress in terms of the development of policies and protocols as well as expand in the role of service providers such as staff nurses and ANMs in life saving skills. The Policy on Skilled Birth Attendants endorsed in 2006 by MoHP specifically identifies the importance of skilled birth attendance at every birth and embodies the Government's commitment to training and deploying doctors and nurses/ANMs with the required skills across the country.
14. The revised Safe Motherhood and Neonatal Health Long Term Plan (SMNHLTP 2006-2017) includes recent developments not adequately covered in the original plan. These include: recognition of the importance of addressing neonatal health as an integral part of safe motherhood programming; the policy for skilled birth attendants; health sector reform initiatives; **legalization of abortion and the integration of safe abortion services** under the safe motherhood umbrella; addressing the increasing problem of mother to child transmission of HIV/AIDS; and recognition of the importance of equity and access efforts to ensure that most needy women can access the services they need.

1.3.5 FCHV Program

15. Recognizing the importance of women's participation in promoting health of the people, GoN initiated the Female Community Health Volunteer (FCHV) Program in FY 2045/46 (1988/89) in 27 districts and expanded to all 77 districts of the country in a phased manner. Initially, the approach was to select one FCHV per ward regardless of the population size. Later in 1993 population based approach was introduced in selected (28) districts. But this district has existed as per ward level according to previous structure of GoN.
16. The roles of the FCHVs are mainly focused on motivation and education of local mothers and community people for the promotion of safe motherhood, child health, family planning, safe abortion service, and other basic health services with the support of health personnel from the HPs, and PHCs. Additionally, the FCHVs are trained for urine pregnancy test and have been testing of pregnancy for referral service for safe abortion service since the program initiated in district.

1.3.6 Family Planning Program

17. Family Planning services are designed to provide a constellation of contraceptives methods/ services that reduce fertility, enhance maternal and neonatal health, child survival, and contribute to bringing about a balance between population growth and development.
18. Short term family planning methods (condoms, the pills, and depo provera) are provided on a regular basis through the network of district health office i.e. District Hospital, Primary Health Care Centre, Health Post and peripheral health workers and volunteers. Long term family planning services such as Norplant and IUCD are only available at limited hospital and selected PHCCs and HPs. But most of listed health facilities have available among them. Sterilization services are provided in mobile outreach services only.
19. Within the context of reproductive health, the main objectives of the Family Planning Program are to assist individual and couple to space and /or limit their children, prevent unwanted pregnancies and improve their overall reproductive health.

1.4 Safe Abortion Service Program in the District

1.4.1 Ipas the Project with SODEC

20. Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, it works with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

21. Ipas works with partners to train abortion providers, connect women with vital information so they can access services, and to advocate for safe, legal abortion.
22. Ipas Nepal is non-profit international organization that works to increase women's ability to exercise their Sexual and Reproductive Health, especially the Right to Safe Abortion. We seek to eliminate Unsafe Abortion and the resulting deaths and injuries and to expand women's access to Comprehensive Abortion Care, including contraception and related reproductive health information and care.
23. Each year, 25 million women and girls around the world have unsafe abortions. Ipas is working to bring that number to zero. Ipas is the only international organization solely focused on expanding access to safe abortion and contraceptive care.
24. 44,000 women and girls die each year from unsafe abortions, and millions more suffer serious, often permanent injuries. But it doesn't have to be this way. Around the world, this program strive to improve reproductive health services for women and girls, increase their access to these services, and expand their sexual and reproductive rights.
25. SODEC is partner NGO with Ipas Nepal since July, 2018 for implementing safe abortion service program in the district for connecting women with vital information so they can access services, and to advocate for safe, legal abortion.

1.4.2 Abortion, Legal Provision, Success and Constraints

26. Abortion means termination of pregnancy. Every woman has the right to make her own choice about whether to terminate or continue with a pregnancy.
27. In 2002, the 11th amendment to the Legal Code of Nepal made abortion legal. For any woman up to 12 weeks of pregnancy, up to 18 weeks if the pregnancy is the result of rape or incest, at any time during the pregnancy if the life, physical or mental health of the woman is at risk or if the fetus is deformed.
28. On 14th September 2018, the bill of Legal Code of Nepal has amended more progressively. If the pregnancy is the result of rape or incest, infected by fatal disease and growing deformed fetus, the fetus can terminate of up to 28 weeks by the consent of a woman.

29. Intensive provider training and facility support have proven successful strategies for increasing availability of comprehensive abortion care (CAC) services. Little is known about the pathways through which women access safe abortion services — information is needed to design optimal strategies for increasing community education and mobilization activities.

1.4.3 Listed Health Facilities for SAS

30. Till FY 2019/20, 16 health facilities have listed covering with whole rural and municipalities in the district. Fig. 2 indicates the listed health facilities for safe abortion service in district. One district hospital, 4 PHCs, 10 HPs and 1 CHU are under the listed health facilities (Given in annex 4).



Figure 2 Listed sites

1.4.4 HMIS- 3.7 Data Findings in the District

31. The HMIS- 3.7 data of the FY 2074/75 and 2076/77 of district are analysed. 753, 1207 and 1299 safe abortion cases have recorded in FY 2074/75, 2075/76 and 2076/77 respectively.

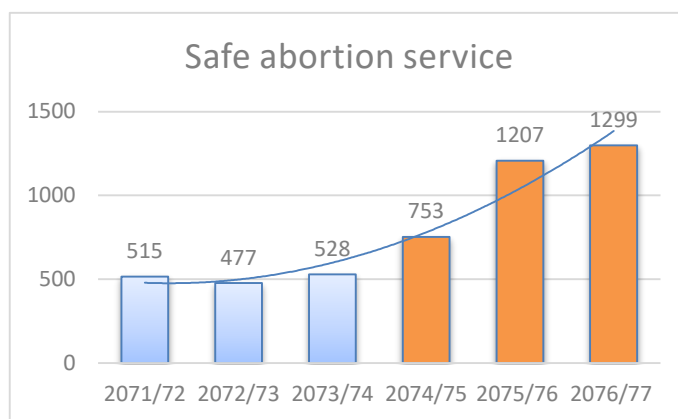


Figure 3 Yearly SAS data

32. The figure 4 presents that the monthly safe abortion service is increasing due to disseminating messages and access of service in respective listed health facilities.

33. The highest number of cases (514) handled in district hospital, and in the periphery 191 in Chainpur PHC and 119 in Wana PHC.

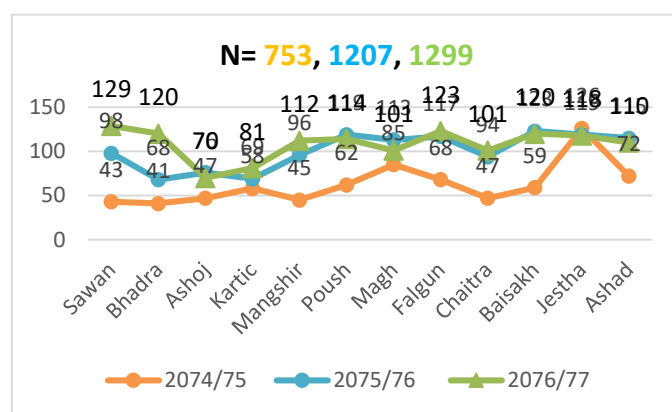


Figure 4 Monthly SAS data

34. As per the access of health rights, 362 clients of Khandbari Municipality, 174 of Panchakhapan Municipality, 164 of Chainpur Municipality whereas 77 clients from Bhojpur and out of districts are depicted in the fig. 5.

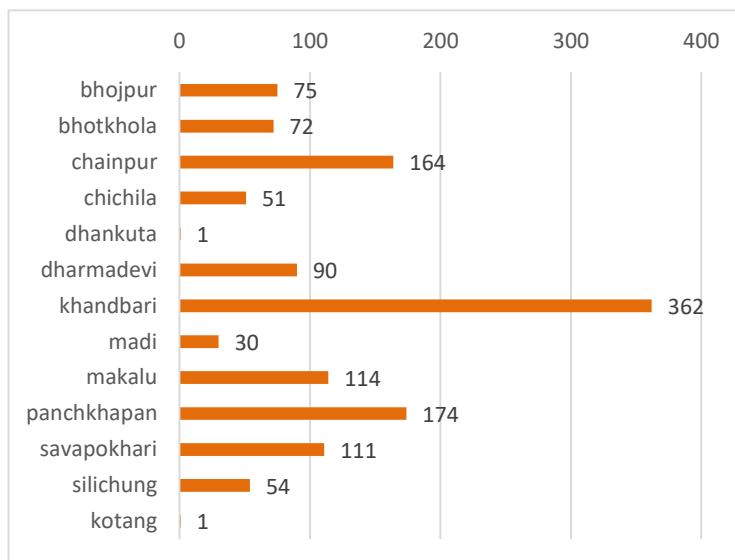


Figure 5 SAS access

35. Of the total cases, 884 (68%) Janajati, 286 (22%) BC and 129 (10%) Dalit have taken safe abortion service.

36. According to age group, 348 (27%) of the age group of 26-30 the highest number has taken SAS and 158 (12%) below 20 years have analysed.

37. 491 (38%) women having double children and 329 (25%) having single child have taken highest SAS whereas 147 (11%) women and girls have found having no child.

38. Post abortion contraceptive acceptance- short term methods- Condoms (198), Pills (228) and depo provera (409)- 835 (64.28% acceptance), long term methods- Implant (241) and IUCD (60), - 301 (23.17% acceptance) and no modern method chosen (contraceptive acceptance) - 163 (12.55%), have analysed.

1.5 Awareness Programs in the District

As of safe abortion program guideline 2074, awareness must be increased to control unintended pregnancy and complication of unsafe abortion by means of education, information, media and advocacy. To address the awareness programs, SODEC and Ipas Nepal have signed the activities with target plan to conduct in district in FY 2019/20, tabulated in the annex 5:

1.5.1 District level Review and Planning Meeting

39. District level review and planning meeting with stakeholders was conducted. Altogether 20 participants- District Coordination Committee (3), Political Parties (3), District Education Coordination Unit (1), Health Office (2), District Hospital (1), Federation of Nepal Journalist (1), NGO Federation (1), Ipas Nepal (2) and SODEC (5), have participated.

40. The participants have suggested to review FY 2019/20 plan activities such as interaction and meeting with local government bodies and social development committee and school program. Local level government bodies' activity (interaction and meeting with local government bodies and social development committee) should be combined and reached more than twice if possible. School program should include existing five campuses in district. Messages below twenty years would be contrast or fruitful. It is better to message accordingly.



Figure 6 Stakeholders orientation

41. DCC chairman has remarked that local government body should be informed and knocked frequently for meeting the SDG goal. He also instructed to conduct review and planning meeting in district level with local government bodies.

1.5.2 Review and Planning Meetings with Local Government Bodies

42. The review and planning meeting with local government bodies on safe abortion service were held 16 times in all palikas. The events were conducted twice in 6 palikas and once in 4 palikas (Annex 6). 350 participants have participated in review and planning meeting.



Figure 7 Review and planning meeting with local government bodies

43. Myths and facts about SAS, the detail SAS data and conducted activities since 2074/75 fiscal year of palika level have presented and that motivated to the participants lucidly during meeting.

44. The presentation has sensitized/reduced stigma of participants about myth and facts and district as well as palika level minute data of SAS. It has increased ownership of palika as their responsibility to meet SDG/ 2030 agenda- reduce the global maternal mortality ratio to less than 70 per 100,000 live births. The maternal mortality ratio of Nepal is 239 per live births (NDHS 2016). Of the total, unsafe abortion contributes 7 percent of maternal mortality ratio. It is likely that the number of unsafe abortion will continue to increase unless women's access to safe abortion and contraception.

45. According to Red Book budget of government of Nepal, about 10 million budget was allocated for maternal and neonatal program including SAS. It also touched/compelled them for contributing on SAS.

46. 10 palikas have allocated about one million budget for SAS program in FY 2076/77. Nine of them have planned to develop 11 MA service providers. As Universal Health Coverage

emphasizes everyone to access the services, 6 of them have planned to extent new listed sites in 6 health facilities. Orientation to community people, FCHVs and schools were also in priority plan. Due to lockdown of COVID 19, 80 percent of plan haven't implemented. But all the palikas have committed to continue in coming FY 2077/78.

47. Two palikas have included SAS and post abortion contraceptive acceptance in policy, planning and budgeting. 2 palikas have committed to include SAS in preparing health policy. I've coordinated with social development provincial parliament member Mrs. Padam Kumari Gurung about preparing health policy. She has suggested to do according to process and ready for supporting to prepare policy. Revision of safe abortion service program- three years' data findings, motivated to palika members. By observing safe abortion data of palika, the executive members have shown their urgency in program-couple counselling, training, survey of family planning, quality service, service confidentiality, etc., implementing in coming days. As per commitment in interaction, review and planning meeting, palikas have fully committed to implement the activities-giving MA training to health staff, new site extension as well as continuation of program.
48. Some of the remarks of palikas are noted. "We are ready to join hands and welcome you to match funds for SAS related activities, said Mr. Pasang Nurbu Sherpa, the chairman of Chichila Rural Municipality." "Each of us should take abortion service seriously to safe mothers' life, said Mrs. Sita Dahal, the deputy chairman of Savapokhari Rural Municipality." She appreciated to the program during interaction and meeting. "The increased number of clients are due to awareness. Awareness should be increased, said Mr. Bipin Rai, the mayor of Panchakhapan Municipality." "Chainpur Municipality is fully convinced in the sensitive issue of maternal mortality. No any mothers should be died by unsafe abortion by now. All the health staffs of palika should take ownership on this issue. Municipality is ready for joining hands with concerned program, said Mr. Bharat Kumar Khatri, mayor of Chainpur Municipality." "We are very cautious in this matter. No women should be suffered in search of this service. We'll decide by today as we minute, said Mrs. Urmila Nepal Subedi deputy mayor of Madi Municipality." As a result 2 health staffs of municipality have trained and functioned the Madi Health Post, one of the non-functional health facilities of district. "Health policy is drafting by consultancy. There is not any problem of inclusion. Updating policy is our legislative work said Mr. Ramesh Kumar Jimi, the mayor of Dharmadevi Municipality."

1.5.3 Interaction Meeting with media Personnel on Safe Abortion Service and SRHR

49. 2 events of interaction meeting with media personnel on SAS and SRHR were conducted in Khandbari with media workers in district. In the presence of Ipas Nepal team and Forum for Women, Law and Development (FWLD), the event was held in focusing reproductive health rights and sharing a media toolkit for journalists about safe abortion related news collection, writing and dissemination. The reproductive health rights and media toolkit were clarified to the media personnel as well as rest of participants in the presence of FWLD chairman Mr. Sabin Shrestha and Ipas Nepal program advisor Mr. Ramchandra Khanal respectively.

50. "For national level news coverage, there should be written investigative news, said a journalist." Journalists have recommended to support fellowship for research based writing news in future. Online and local news, Avenues television, Nagarikchaso have covered the news of different activities in this FY.



Figure 8 Published in media

1.5.4 Education Sessions with Different Community Groups on SAS with Special Focused to Single Women and DAG

51. To connect women, adolescent and community with vital information, community education sessions were conducted in the different sites of district. General concept and methods of safe abortion, legal provision, national and international abortion data, district abortion data status, listed health facilities and service providers, social stigma and reduction were major outlines of sessions. So they have access safe services for safe and legal abortion.

52. 27 community education sessions were conducted (Annex 7). Total 699 participants composed of 16% dalits, 71% janajati and 13% bhramin and chetri have participated. Among the participants, 19% of the age group of 20-25 years and 11% 20 and below have participated. 27% single and 25% having double children participants have participated. Fig. 9 shows the events conducted in different palikas and participants respectively.

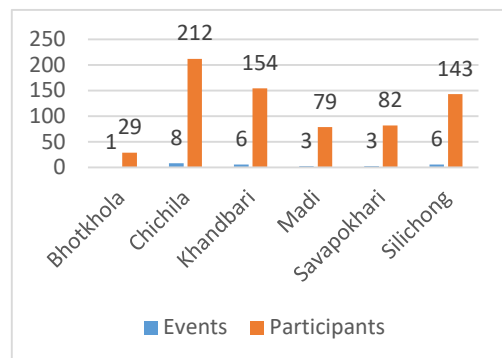


Figure 9 Community sessions in palika with

53. As per analysis of contraceptive use of participants, only 30% have been using different devices- depo (15%), implant (10%) and rest of others (5%). "IUCD service is in Mawadin HP but none of them accepted yet, said health incharge." More emphasis was given to family planning in sessions by observing used devices of participants. Participating FCHVs in community sessions made more accountable for both community people and FCHVs themselves especially in UPT and referral cases. 38



Figure 10 Community session in Yaphu

FCHVs have participated in community education sessions in different sites. 17 health facilities and health teams were coordinated and supported for education sessions.

54. 31% participants have knowledge about legal provision of the total participants' knowledge test during sessions. One single women group and one dalit group were informed. Of the total, 8% male engagement have accounted among the sessions. The community education sessions were conducted in needy and marginalized places. "Very urgent to start service in this area due to running mega project- Arun third hydro project. We'll pass the budget and send for MA training soon. All participated sisters and brothers felt the need of service. On behalf of all, I'll promise to do it soon said Mrs. Yadu Kumari Rai, deputy chairman of Chichila Rural Municipality during education session in Diding Health Post." Awareness activities in community have empowered the community people especially women.



Figure 11 Addressing by deputy chairman of Chichila RM

1.5.5 School Health Program (School Session) on SAS

55. Twenty school health education sessions were conducted in 19 schools of 8 palikas (Annex 8). 867 students comprising 7% dalit, 61% janajati and 32% others have participated in sessions. 95% 20 and below whereas 5% above 20 age group students have attended in sessions. 90% of secondary level and 10% of higher level students were attended in sessions. 63% girls and 37% boys were participants in sessions.



Figure 12 Watching video during session

56. During session, video, SAS, family planning, RH, SDG, NDHS 2016, etc. were shared with students for their references. Students were found very eager to know information. Post evaluation was done with students by quiz questions based on SAS and references. In an average 75% quiz questions were solved.

57. 26% students have knowledge about legal provision among the total students' knowledge test during session. It was interesting that 99% students have no idea of using family planning device by their mother (Attendant sheet). The culture of teaching and learning must be widened for solving the issues of their family (Having many troubles by their mother due to prolong using of family planning device).

1.5.6 Orientation to Differently Able Person on Safe Abortion and SRHR

58. The orientation was conducted to differently able person- deaf students in Mahendra Secondary School, Manebhanjyang, Khandbari Municipality- 3. 12 deaf students have visualized the documentary about safe abortion service. The teacher and support staff have facilitated in their sign language to the students during documentary show. Khandbari Municipality ward chairman Mr. Bharat Ghimire has also observed the session and appreciated for conducting the session. He also suggested to conduct session to the adolescent age group students. For differently able person, especially to deaf, the sign language should be developed in video documentary.



Figure 13 Watching documentary by deaf students

1.5.7 FCHV Orientation on SAS and RMNCH Interim Guideline

59. FCHV orientation on SAS and interim guideline of reproductive maternal neonatal and child health (RMNCH) was conducted in Sitalpati Health Post of Khandbari Municipality, Tamku Primary Health Center of Silichong Rural Municipality and Mamling Health Post of Dharmadevi Municipality. Altogether 29 FCHVs of the given sites have participated in orientation. Including RMNCH, the orientation was utilized for distributing COVID 19 response materials to them. It was very appreciative to support of Ipas Nepal in this critical situation. FCHVs have expressed their happiness and promised to support SAS program. FCHVs were refreshed and updated about RMNCH and SAS program. It could be more effective to conduct in all sites in presence of us.



Figure 14 FCHV orientation in Sitalpati HP

1.5.8 Information Education and Communication Materials Production

60. Information Education and Communication (IEC) materials- 4000 nos. brochure and 2000 nos. sticker were prepared in highlighting the information of safe abortion service in district. Materials have been distributed to implementing activities and public places regularly.



Figure 15 Sticker in public vehicle

1.5.9 SAS, FCHV and International Women Day Celebration

61. "5th Safe Abortion Day" was celebrated with Makalu Health Academy Students and Health Office team in district health office, Sankhuwasabha. The information was disseminated to health related professionals from diverse area- students from different places. 55 participants have observed the day with sharing information and participatory interaction. SAS day, SAS information, rights on SAS documentary, implemented activities, outcomes and issues were shared during the day celebration. The students raised the queries such as people say that not effective abortion medicine of hospital, how mental disorder woman/girl know the pregnancy, how about legal treatment for force of husband to have pregnancy, can HIV/AIDS infected mother born baby, etc?



Figure 16 Group photo of SAS day celebration

62. "You need to support for disseminating information about confidential service providing by listed health facilities. There is no compromise in quality service. No more unsafe abortion is our slogan. Family planning service expansion especially long acting to control no more even safe abortion is in plan of health office, said Mr. Ramesh Barakoti, the chief of district health office during closing remark." It was very effective day celebration in the sense of information dissemination by health related professionals in the near future.

63. The "16th Female Community Health Volunteer (FCHV)" day was celebrated in Tamku Primary Health Care Center (PHC) in Silichong Rural Municipality. The program was chaired by Mr. Ram Bahadur Rai, the chairman of rural municipality, chief guest Mrs. Bhawani Timsina, focal person of safe motherhood program of health office, Sankhuwasabha and guests Mr. Bhadra Bahadur Rai, the acting chief executive officer of rural municipality, Mr. Pratap Singh Tamang, ward chairman, Mr. Kaman Singh Rai, program officer of SODEC/Ipas Nepal, Mr. Narbung Rai, headmaster of Sagarmatha Secondary School, Dr. Rupesh Karna, chief of Tamku PHC, Mr. Gom Bahadur Sunar, incharge of police post, Mr. Dipendra Kumar Rai, health coordinator of rural municipality, Miss Sradha Rai, health incharge of Mangtewa HP, Miss Til Kumari Rai representative of Sisuwa HP, Miss Damber Kumari Rai, incharge of Dankhila community health unit, palika and health staffs have participated in program.



Figure 17 FCHV day celebration

64. 62 participants have participated in day celebration. Among 43 FCHVs of palika from 5 wards, 40 of them have participated in recognition program. FCHVs were acknowledged by khada and recognition framing letter. "The recognition program was remarked as a

historical event in palika yet, said chairman of palika." I have highlighted that no more 7 percent maternal mortality rate due to unsafe abortion in Nepal. Less than 70 per 100000 live births- maternal mortality rate is our commitment by 2030. That is possible by FCHVs' effort to connect women and girls to safe abortion service information. SODEC/Ipas Nepal has supported and requested for supporting of them to connect those who have unintended pregnancy and increase family planning service.

65. As of plan, "110th International Women Day", the event could not conduct due to lockdown of COVID 19. But for the purpose of celebration, we have planned to support Nepal Red Cross Society Sankhuwasava chapter, Emergency Blood Transfusion Service in this year too. After discussion with concerned individuals, one of the urgent requirements was found blood donation bed. "It is very difficult to lay down in bed for blood donors and difficult to collect blood. Once the donor has fallen down in floor during blood donation, said a staff." Since 2018, we have been observing blood donation status in district. Mostly women and girls have been victimized. In this fiscal year 2076/77, 77 pints blood have been transfused to 217 people. Of the total blood transfusion, 8 pints have transfused to 3 post abortion complicated women (BT record book). "It is very easy to take blood now. Blood also circulates faster than before, said Mrs. Kalpana Bhattra, a staff of emergency blood transfusion service."



Figure 18 Blood donation bed handover

1.5.10 FM jingles/Radio Program Broadcasting

66. To raise mass level awareness to people, safe abortion service related jingle and information about SAS listed health facilities of district have been broadcasted together by six FMs- Khandbari FM 105.8 Mtz., Guransh FM 97.2 Mtz., Sunakhari FM 91.4 Mtz., Sankhuwasabha FM 95.5 Mtz., Pakribas FM 104 Mtz., Naya Abhiyan FM 99 Mtz. and Nagark Chaso online news in district. Kulung language- the mother tongue of Kulung community, jingle was produced by Chelam Community Network and has been broadcasted by Khandbari FM 105.8 Mtz. Khandbari, on Sunday at 6:30 PM, Solu FM 101.2 Mtz. Solukhumbu on Friday at 7:30 PM and Bijayapur FM 98.8 Mtz. Sunsari on Tuesday at 7:30 AM together in a week. Nagaik Chaso online news has disseminated the information in headline of news portal and produced youtube information.
67. During lockdown of COVID 19, the notice about regular basic and essential health services, hotline numbers -COVID 19, Gender and Reproductive Health/SAS/FP, Gender Violence and SAS radio jingle have been broadcasted frequently for humanitarian work. We assumed that more than 10 thousand listeners have listened information about safe abortion service and regarding COVID 19 from different districts.

1.5.11 Street Drama on Safe Abortion Service

68. As per agreement with Makalu Sahitya Samaj, Khandbari- 1, Makalu Natya Samuha has performed the street drama on safe abortion service in 4 places- Ukhubari Bazaar, Khandbari- 7, Barabise Bazaar (Tribeni Secondary School) of Savapokhari Rural Municipality- 3, Bihibare Bazaar, Jaljala, Panchakhapan Municipality- 6 and Barun Campus, Khandbari, Khandbari Municipality- 1. More than 2000 audiences- students, sales persons and market dwellers have observed the street drama in different respective places. Audiences those who were attended in street drama have mixed reactions- it was a good message for adolescents rather than bad message (vulgar message to adolescent) for aged group people. Khandbari Municipality mayor, deputy mayor and respected people observed the act of actors. SODEC and Ipas Nepal team have given feedback to players for further improvement in key information.



Figure 19 Observing street drama at Barun Multiple Campus

1.5.12 Documentary preparation (A model listed health facility- Wana PHC)

69. The documentary of Wana Primary Health Care Center (PHC) of Panchkhapan Municipality was prepared. Status of abortion since Baisakha 2075- the service started in listed health facility- Wana PHC, role of health incharge, service provider and palika, findings and way forward were scripted in documentary. Role of palika, HFOMC, health facility incharge, service provider and stakeholders were highlighted by their bites for sustainability of program. The documentary could be used for model listed health facility and ownership of palika to SAS program tool.

1.5.13 Short Movie Preparation with Local Actors on Awareness of SAS

70. The short movie- "Chetana, Way of Mine", was prepared for disseminating information by social media during lockdown period and also focusing to the adolescents for SAS. It has focused mainly on adolescent's sexual psychology, bearing tragedy due to unsafe sex, saving a life of a girl by safe abortion service- role of FCHV and service provider. FCHV's and service provider's role in safe abortion service are completely shown in movie. The movie is divided in three parts for using an advocacy tool. Lucky Digital Photo Studio and Vangre Infotainment's youtube have been broadcasted the movie. More than 15 hundred viewers have recorded to date.

1.5.14 Monitor Support for Displaying SAS, SRHR Messages

71. Connecting adolescents on SAS, school health education session was planned. After lockdown of COVID 19, all the schools were closed and couldn't conduct sessions. In this situation, we have planned to support LED monitor for displaying information. One of the best platform to catch adolescents in campuses- Barun Multiple Campus Khandbari, Himalya Kiran Public Campus Khandbari, Sankhuwasava Multiple Campus Chainpur and Madi Multiple Campus Madi, of district have chosen and distributed 39" LED monitor, 32GB pen drive and anycast device. More than two thousand rolling adolescents would be informed regularly in annual basis in the campuses.



Figure 20 Distributing LED monitor to Campuses

1.5.15 Hoarding Board Setting

72. Various means of information dissemination were applied. Hoarding board was set in public place- bus-park in Khandbari bazaar. Information about legal, illegal and listed health facilities of district were printed in hoarding board.

1.5.16 Monitoring of Board and Palika Level

73. Board member, palika member and concerned personnel -journalists, have monitored the events- community education sessions, differently able person (deaf students) session, COPE meeting, interaction, review meeting with local government bodies, and school session were monitored. Engagement of palika and board strengthen the ownership and sustainability of program of both- NGO and Palika.

1.6 Extra Activities

Though Ipas Nepal and SODEC have their own defined activities, both have worked together for meeting the objectives of program. For these purposes, some of the activities have been conducted.

1.6.1 COPE Meeting

74. One of the major planning mechanism Client Oriented and Provider Efficiency (COPE) was used in Health Facility Operational and Management Committee (HFOMC) meeting. Two representatives from adolescent girl and boy were also participated in committee for addressing adolescent's issues. The meeting was held quarterly basis in listed health organizations.

75. Findings of quality indicator checklist (QIC)- displacement of CAC room, wall painting/flex print and lighting in district hospital and regular USG, room management in Chainpur PHC, notice board for notice out of SAS service, citizen charter-writing SAS service, service data review and adolescent's participation in HFOMC meeting, awareness in primary health care outreach clinics and IUCD refresher- request to Ipas Nepal for supporting in Pangtha Pakribas HP and purchasing of double wrapping cloth, boots, MVA set, placenta pit construction, MA drug supply, privacy maintenance in MA room, service delivery assessment in Barabise HP, MA room management- MA room is too congested in new building, post abortion contraceptive acceptance- especially increasing LARC in Tumlingtar HP, were reviewed and shared in COPE meetings. CAC room and preparation of hoarding board in district hospital, need base USG service and compulsion of bi-manual examination as per procedure guideline in Chainpur PHC have planned.



Figure 21 COPE meeting at district hospital

76. We have appreciated for CAC room management and MA drug supply from hospital pharmacy to all health facilities. As of QIC, view box, meso stock out, recovery room, hand wash station have to be managed. For managing view box, hand wash station in CAC room, recovery room management by hospital development committee and coordinate with province, Ipas Nepal and One Heart World Wide for meso have minute. Interested and capable staff training for 12 weeks and second trimester abortion service and free charge of USG service have minute to submit and request to pass the agenda by hospital development committee. COPE meeting should be regularized onwards by regular HFOMC meeting in listed health facilities.

1.6.2 District Level Review and Planning Workshop

77. The workshop was held on 2nd October, 2019 in district health office Sankhuwasava in the chairmanship of health office chief Ramesh Barakoti, chief guest district coordination committee chairman Suman Shakya, guests medical superintendent Dr. Laxman Khadka, province health branch staffs Lokendra Phagu, Binod Guragain and Mahendra Khatiwada. Health coordinators (8) from palikas, Ayurveda staffs (3), SUAHAARA (5), Ipas Nepal (1), SODEC (1) and health office team (7) have participated in workshop.



Figure 22 District level review and planning meeting

78. Progress of FY 2075/76, federal, provincial and local government level planning, budgeting, achievements, innovative works, issues and way forward have presented by compile report of health office, district hospital, district Ayurveda health centre, health

coordinators and partner I/NGOs. Information about safe abortion service data, married women of reproductive age- 34998, expected pregnancy per year- 4111, LARC- 22.9%, abortion complication- 23 women, have noted. DCC chairman has highlighted on input, output and way forward as well as health coordinators' role as an implementer, main actor in palika regarding health sector. He also suggested that to be proactive for meeting the SDG agenda by setting the planning indicators in closing remarks. "It is a good platform for sharing and learning. I call you all for maximum utilizing the forum, said health chief Ramesh Barakoti." In summary presentation, the chief of health office noted that to increase existing CPR 24.6%, run sterilization camp and increase LARC service (5 devices service available in all health post) in planning.

1.6.3 Whole site Orientation

79. One listed health facility- Makalu Health Post of Makalu Rural Municipality, was extended in this FY 2019/20. HFOMC members- elected ward chairman, women members, teacher, and women network member, representative of businessman, adolescent students, health post staffs and health coordinator have participated in Makalu Health Post of Makalu Rural Municipality. "One of the clients have referred to Num PHC. But she didn't met service provider in PHC. Now she is in problem by having unwanted pregnancy, said a staff of Makalu HP." "We have to go for family planning instead of abortion, said a participant." It was difficult to take family planning service in health facility due to absence of concerned staffs during visit of women from distance villages. "Belief system- no family planning device use during menstruation period, need consent of husband, short time lactation practice to infant in Serpa community, has been hindering to the modern contraceptive device use, said a staff of Makalu HP." "Demand of service will be fulfilled now by this health facility. Women and girls shouldn't be faced unsafe abortion problem, said the chairman of ward com. HFOMC chairman, Mr. Ram Bahadur Rai."



Figure 23 Whole site orientation

1.6.4 Mid-term Evaluation

80. Mid-term evaluation team of Ipas Nepal consultant have visited in district. The team has met and collected the required information with different individuals by the process of key informant interview. Mrs. Bhawani Timsina, focal person/public health nursing of Health Office, Sankhuwasabha, Mr. Suman Shakya, the chief of District Coordination Committee, Mr. Murari Prasad Khatiwada, mayor and Mrs. Muna Shrestha deputy mayor of Khandbari Municipality, Mr. Nabin Gurung, the treasurer of Federation of



Figure 24 Interview with DCC chairman

Journalist District Chapter, Sankhuwasabha have interviewed and shared the information. On behalf of partner organization SODEC, Miss Menuka Shrestha, the chairman and Mr. Kaman Singh Rai, program officer of safe abortion service have shared the information. Eight adolescent age group beneficiaries (4 girls and 4 boys) from Makalu Health Academy have participated in focused group discussion and evaluation. Coordination, collaboration, local government level initiation in health sector especially sexual and reproductive health rights, strength of organizations and recommendations were major required information shared during interview.

1.6.5 Ipas Nepal District Monitoring Visit

81. Monitoring visit of Ipas Nepal team have held in district. The visit was very fruitful and have clarification in implementing activities. The team has conducted activities- update sharing meeting with SODEC, COPE meeting, FCHV orientation, interaction with health coordinators and incharge, SP/CM monitoring, interaction with DCC chairman, mayor, HO chief, media orientation and street drama observation in Chainpur and Khandbari Municipalities, during visit.



Figure 25 FCHV reorientation

82. Mayor of Chainpur municipality has requested Ipas/FWLD for technical support to make the local health policy. While having discussion with DCC chief, he seemed positive towards the safe abortion services. He shared that he would have invited Ipas Nepal along with other INGOs working in a district to share their updates in their quarterly meeting with all municipalities/rural municipalities. He also requested Ipas Nepal to initiate the support for starting 2nd trimester safe abortion service. Some of the remarks- FCHVs were regularly conducting the sessions on SAS in mother groups. Khandbari Municipality could take a lead to conduct interaction program with pharmacies of municipality and Ipas/SODEC would provide a technical support. SODEC (partner organization) is working with collaboration and coordination with local bodies for conducting awareness program at local level. They have good working relationship, were noted by the team.

1.6.6 COVID 19 Response Materials Handover

83. Ipas Nepal has handover COVID 19 response materials to 14 health facilities in district. Different 17 items were included in materials to health facilities, service providers and FCHVs. About 2 lakhs 60 thousand rupees budgetary support was supported in listed health facilities.



Figure 26 Materials handover

1.6.7 Joint Monitoring

84. Joint monitoring in Wana PHC with DCC team- chairman, DC officer and health office staff was conducted. The Wana PHC was monitored and shared with Panchkhapan Municipality team- Mayor, Deputy Mayor, Chief Executive Officer, HFOMC members. Service provider has presented the status of SAS and shared on issues- irregular service (two days in a week) due to posting in palika, decreasing post abortion contraceptive acceptance mostly long term, not reimbursement of abortion service fund of last FY. Deputy Mayor has said that the allocated budget Rs.1 lakh was in process of expenditure.

1.6.8 DPAC Meeting

85. District Program Advisory Committee (DPAC) meeting was held in district. We have presented the progress made since FY 2074/75 to date of SAS data and implementing activities. The participant has appreciated to the analytical presentation. We have discussed on the quarries- free USG service, fast tract CAC service in district hospital, missing data of repeated cases, not 12 weeks and 2nd trimester CAC service, discouraging SAS to adolescent age group and balance counselling to clients, in meeting.

86. The chief of health office has remarked that one third of pregnancy ends in abortion according to the data. To decrease, we have to plan for five family planning services in each health facilities. Year round permanent family planning service should be started in district hospital. "We should not only depend on campaigning, said district health office chief." "We have to knock time and again to palikas to incorporate in plans. It is right time to coordinate with palikas because the planning process is running in all palikas, said district coordination officer." "How is possible to discourage abortion in adolescents? We should take some strategies, said district education coordination unit chief." District Coordination Committee Chairman has promised that implementing free USG service, developing fast tract- to meet service provider directly than go for process if USG is required and giving 12 weeks and 2nd trimester training to existing health staffs of district hospital in near future, in the meeting

87. Minute the agendas- give 12 weeks and 2nd trimester service provider training, coordinate with palikas for availability of five family planning services, including SAS in policy, planning and budgeting, preparing health policy, extend SAS service on the basis of need, regular supply of MA drug from district hospital pharmacy and free USG service in listed health facilities, for the sustainability of program, in meeting.

1.7 Field Visits

1.7.1 Field Visit by PO

88. As of TOR, Program Officer has spent 35% (101 days) in the field of working days of a year (288). In average, 10 days visited each month in the field. The fig. 27 shows the field visit in different rural/municipalities. The highest number 21 days has spent in Chichila Rural Municipality. I have visited in all Palikas in this FY whereas Madi Municipality and Silichong Rural Municipality haven't visited last FY due to not initiating program.

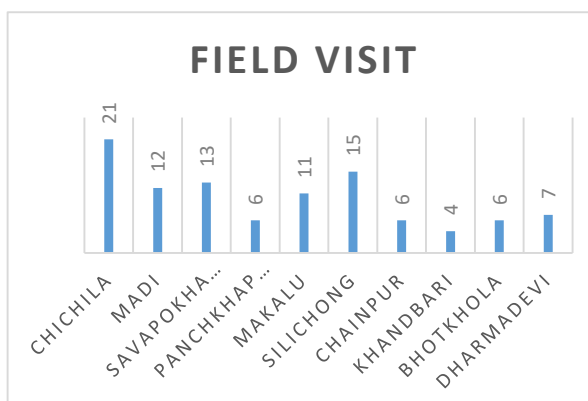


Figure 27 Palika level field visit

1.8 Program Planning and Review Workshops

89. Ipas Nepal has conducted program planning and half-yearly review workshops in Kathmandu with partner NGOs. The table 1 shows the held workshops in this FY 2019/20.

Table 1: Program planning and workshops

SN	Program	Venue	Date	Duration
1	Half yearly review meeting	Godabari, Lalitpur	Jan. 22-24, 2020	3
2	Sustainable abortion ecosystem workshop	Hotel Manaslu, KTM	Feb. 1, 2020	1

1.9 Publication, Communication and Circulation

90. Quarterly reports and annual progress report covering FY 2019/20 were published. The reports contain the progress made by the project during the period. These explain major outputs, the issues and problems faced by the project and the efforts made to overcome those obstacles. These were circulated to team advisor, CC and SODEC team. Different aspects of presentation copies have shared to stakeholders- local level government bodies, journalists, community people. IEC materials provided by Ipas Nepal and produced by SODEC have distributed in different activities such as community sessions, orientations, and interaction and meetings. Photos of events have shared with social media and reports.

1.10 Major Achievements

1.10.1 Plan vs. Progress of Project

A. Physical Progress

91. 17 major activities with 137 events have planned in the FY 2019/20. The planned activities have completed 98.45% as per progress made. Annex 5 indicates the physical progress of project.

B. Financial Progress

92. Rs.11,68,054.00 (99.78%) budget has been spent of the total Rs.11,88,676.00 allocated budget. The annex 5 shows the financial progress of project.

1.10.2 Progress against District Status of SAS

93. Although the 120 days lockdown of COVID 19, 92 (7%) cases have increased safe and legal abortion than FY 2075/76. Among the listed health facilities, 12 health facilities- Barabise HP (+26 - significantly increased), have increased the number of SAS clients whereas 3 health facilities- district hospital (-46 - due to lockdown), Wana PHC (-10) and Pathivara HP (-2) have decreased the number of SAS clients. Ethnically 2% of janajati have increased and 2% of BC have decreased. As of age group of SAS clients, 0.98% of the age group of 20 and below have increased whereas 1% decreased of the age group of 21 to 30 years. Similarly, 2% having no child of women and girls have increased whereas 2% decreased having triple children of SAS clients in FY 2076/78.

1.10.3 Status on Post Abortion Contraceptive Acceptance

94. Excluding condom, 72.21% post abortion contraceptive acceptance have analysed in FY 2076/77 whereas 68.93% in FY 2075/76. Slightly decreased long term post abortion contraceptive acceptance 23.17% in FY 2076/77 whereas 23.36% in FY 2075/76. No post abortion contraceptive acceptance have increased 0.21% than FY 2075/76.

1.10.4 Towards Sustainability of Program

95. 2 palikas have included SAS and post abortion contraceptive acceptance in policy, planning and budgeting. 2 palikas have committed to include SAS in preparing health policy. 10 palikas have allocated about one million budget for SAS program in FY 2076/77. 9 of them have planned to develop 11 MA service providers. As Universal Health Coverage emphasizes everyone to access the services, 6 of them have planned to extent new listed

sites in 6 health facilities. 2 MA service providers have trained of Madi Municipality and have functioned service in the listed health facility- Madi Health post.

1.11 Major Issues and Problems

1.11.1 Social Stigma

96. Social stigmas were lower than last FY in the community. People were found more familiar than before due to familiarity of SAS by different means. They shared that SAS is essential service. But stigma in society is still existing because of our social structure. Continue engagement with society is required with findings of SAS reality.

1.11.2 Knowledge on SAS

97. Fig. 28 shows that 37% participants have knowledge about legal provision of the total participants' knowledge test during session. The percentage is of 1566 participants' knowledge test by community and school education sessions. Regular awareness program should be implemented by means of FCHVs.

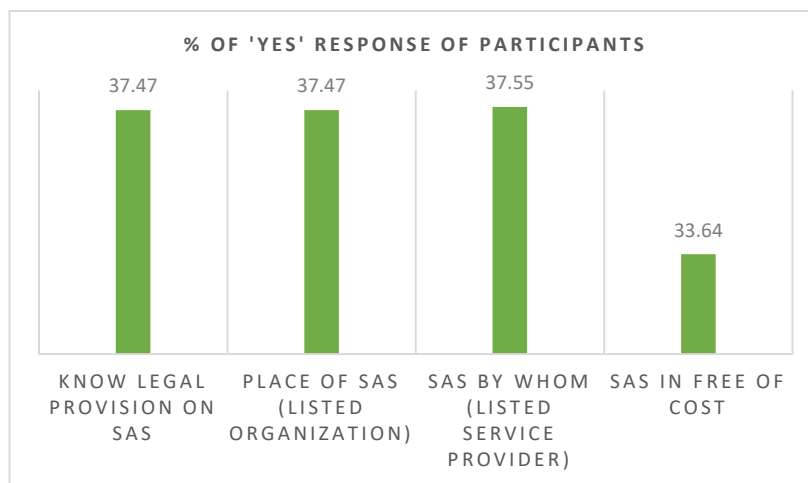


Figure 28 SAS knowledge level of participants

1.11.3 Post Abortion Contraceptive Acceptance

98. 43% currently married women were using a modern contraceptive methods (NDHS 2016). Information on fertility preferences can help family planning program planners assess the desire for children, the extent of mistimed and unwanted pregnancies, and the demand for contraception to space or limit births. 10% currently married women age 15-49

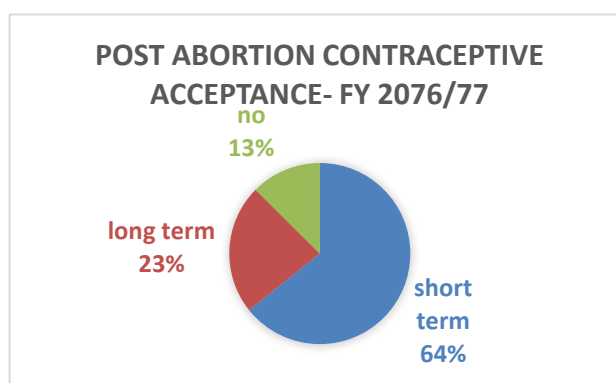


Figure 29 Post abortion contraceptive acceptance

want to have another child soon. 14% want to wait 2 or more years. 71% of women want no more children. Among women with two children only 4% want to have another child within 2 years and 5% want to have another after 2 years (NDHS 2016). Of the total 1299 SAS clients, only 938 (72.21%) excluding condom have accepted post abortion contraceptive in FY 2076/77 (Source: HMIS 3.7). As fig. 29 indicates, 23% have accepted long term (implant and iucd) and 64% short term (condom, pills and depo). Nepal needs to strengthen its family planning program to achieve the country's commitments to global

family planning goals and to reach a modern contraceptive prevalence rate (CPR) of 52% by 2020. 24 percent CPR of district directly proportionate to unintended pregnancy. Post abortion contraceptive acceptance especially long term is also unsatisfactory. SDG targets 60 percent CPR. Therefore, in this critical condition, family planning should be encouraged urgently.

1.11.4 Regular SA Service

99. Except district hospital, Chainpur PHC and Barabise Health Post the alternative service providers are not developed. In the absence of service providers, the regular service is not available. We have focused to develop service providers by Palikas in this FY. But due to COVID 19, all the plan has failed. Still, we are encouraging to Palikas for developing service providers.

1.11.5 Unsafe abortion

100. According to HMIS 3.7, 90 (7%) cases have recorded as post abortion complication in FY 2076/77 whereas 4% in FY 2075/76 of the total cases. To address this issue, we have planned for discussion with federation of pharmacist in Khandbari in support of Khandbari Municipality but couldn't conduct due to COVID 19 lockdown. This plan should be materialized by any time.

1.11.6 Unintended pregnancy

101. Unintended pregnancy, a pregnancy which occurs when a woman desires no children or no more children (unwanted pregnancy), or which occurs earlier than desired (mistimed pregnancy), is a serious public health challenge. The total fertility rate (TFR) in Nepal is 2.3 children per woman (NDS 2016). Among women with two children, 88% want no more children (NDHS 2016). In FY 2075/76, 1299 women and girls were served by SAS. Among them, 491 have double, 192 have triple and 140 have over (4 and more than 4) children. If the numbers were assumed as an unintended pregnancy, 63% women and girls who have ended their pregnancy by SAS. Therefore, we have been giving emphasis to family planning service especially long term in all health facilities and raising our voice in district forums for reducing unintended pregnancy.

1.11.7 Lack of Ownership

102. Although the government has allocated budget in both provincial and palika level for SAS, some of them have not allocated budget specifically. Still we have to inform about allocated budget of coming FY.

1.11.8 Question for Sustainability

103. Nonetheless, after certain period of project, the program will not run intensively in the listed health facilities. The local government bodies should take ownership of SAS service

gradually by developing physical infrastructure and human resource (service provider). These are not in their priority plan yet. Regular engagement with Palikas should plan for giving priority in policy, planning and budgeting.

1.12 Way Forward/Recommendations

104. Awareness campaign (for social stigma reduction) should continue in hamlet level.
105. Local authorities/elected bodies in local and district level should knock regularly for sustainability of program.
106. Political parties, policy makers, adolescents, youths, right based organizations, groups, FCHV, SP and all concerned stakeholders should engage inclusively in this common issue.
107. SAS program should be endorsed by conditional budget heading through policy, planning and budgeting of central, provincial and local level government.
108. Local government should manage regular and quality safe abortion service (availability of service provider and MA drug) in listed health facilities.

1.13 Conclusion

We have connected more than 5000 women and girls with vital information in this fiscal year via formal activities- interaction, orientation, meeting, celebration, sessions and media in district. This year we have mainly focused the program with local government bodies for sustainability of program. Local authorities have realized that the SAS program is one of the essential health service by observing SAS data of district since FY 2074/75. As of expected pregnancy and abortion data of district, 29% pregnancy ends with abortion (HMIS- 3.7, FY 2075/76). If we assumed 2, 3, 4 and more than 4 having children SAS clients 63% women have unintended pregnancy. To meet this agenda, local government bodies have planned for MA service providers' training, listed health facility extension and other requirements (MA drug supply, regular SA service in health facility). Education sessions have met the target groups in the community. Both male (24%) and female have tried to participate in education sessions for realization of issues. School education sessions have connected adolescents in schools and campuses. 12% 20 and below years age group adolescents have taken SA service. It is the result of sessions. We have saved them from unsafe abortion. Implementing events with concerned personals- SP, FCHV, health incharge, health coordinators and respective local bodies made the program more responsive. Due to the lockdown of COVID 19, some events could not implemented. However, COVID 19 has given us an opportunity too. We have planned some remarkable activities such as documentary and short movie preparations, LED monitor support to campuses of district and blood donation bed to emergency blood transfusion service center of Nepal Red Cross Society chapter office Sankhuwasava. These activities have stepped forward for connecting women and girls with SAS as well as sustainability of program.

Acknowledgement

The special gratitude goes to the program advisor Mr. Ram Chandra Khanal who often guided me to complete this report. Without his guidance, the report is incomplete. I am very grateful to Ipas Nepal team specially program manager Mr. Laxman KC and cluster coordinator Mr. Pradip Aryal who have shared the ideas and HMIS 3.7 data up to date. I am very much thankful to all concerned agencies- local level government bodies, DHO, health coordinators, listed health facilities, media and, people- service providers, FCHVs, community, and entire SODEC team who provided me the required information and time for this report and looking forward comments for further improvement.

List of Annexes

Annex 1. District Fact Sheet

Table 2. District fact sheet

S/N	Indicators	Value	Remarks
1	Area	3468.38 sq.km (2.18% total area of Nepal)	
2	Breadth	70km breadth of North and 1km of South	
3	Length	75 km length of South to North	
4	Elevation	324m (lowest Arun valley, to 8463m (5 th highest peak Mt. Makalu) elevation	
5	Agro climatic zone	5 agro climatic zonings (sub-tropical 11.29%, warm temperate 13.47%, temperate 9.97%, sub alpine 23.97% and alpine 41.41%)	
6	Region	Monsoon region	
7	Temperature	25° c. maximum and 16.5° c. minimum average temperature	
8	Annual Rainfall	1754.2 mm	
9	Cultivated land	590.25skm (18.63%) 28955.60 ha (8.35%) Source: NAC, 2011	
10	Barren land	961.75skm (20.89%)	
11	Irrigated land	16% 10013.40 ha (34.58%) Source: NAC, 2011	
12	Partial irrigated land	30%	
13	Not irrigated land	54%	
14	Forest area	40.31%	
15	Pasture and bush	11.37%	
16	Snow and water	12.66%	
17	Total Population	158742	
18	Total Male	75225 (47.39%)	
19	Total Female	83517 (52.69%)	
20	Independent Age Group /Working Group (15-59 yrs.)	86509 (54.50%)	
21	Total Household	34624	
22	Janajati	102465 (64.55%)	
23	Dalit	12407 (7.82%)	
24	Brhamin, Chhetri	41407 (26.)(%)	
25	Others	1230 (0.77%)	
26	Not recognized	1228 (0.77%)	

Annex 2. Adolescent, Young and Youth Population of District

Table 3: Adolescent, young and youth population of district

Adolescents (10-19 yrs.)			Youth (15-24 yrs.)			Young (10-24 yrs.)		
Total	Femal	Male	Total	Femal	Male	Total	Femal	Male
39121	19906	19215	30972	17009	13963	70093	36915	33178
	50.88			54.92			52.67	

24.64	Out of total population (158742)	19.51	Out of total population	44.16	Out of total population
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Source: Census- 2011

Annex 3. District Health Networking

Table 4: District health networking

	Hospital	PHC	HP	CHU	UHC	BHC	Total
Khandbari	1	0	5		4		10
Chainpur		1	5	1	4		11
Dharmadevi		0	3		4		7
Madi			3		4	2	9
Panchkhapan		1	3	1			5
Ssavapokhari			3	3			6
Chichila			2	1			3
Silichung		1	3	1			5
Makalu		1	4	5			10
Bhotkhola			3	2			5
Total	1	4	34	14	16	2	71

Source: DHO- 2020

Annex 4. Listed Health Facilities

Table 5: Listed health facilities

	Hospital	PHC	HP	CHU	UHC	Remarks
Khandbari	1		2			District Hospital, Tumlingtar HP, Sitalpati HP
Chainpur		1				Chainpur PHC
Dharmadevi			2			Mamling HP, Akhibhuin HP
Madi			1			Madi HP
Panchkhapan		1				Wana HP
Savapokhari			1			Barabise HP
Chichila			1			Pangthapakribas HP
Silichung		1				Tamku PHC
Makalu		1	2			Num PHC, Simma HP, Makalu HP
Bhotkhola			1	1		Hatiya HP, Gola CHU
Total	1	4	10	1		

Annex 5. Plan vs. Progress

Table 6: Plan vs. progress

S.No	Activities	Plan	Progress	%	Budget	Expenditure	%	Budge Variance
1	District level review and planning meeting	1	1	100.00	19,300.00	17,150.00	88.86	2,150.00
2	Conduct review meeting with HO, Ipas and Board for the review of the program	2	2	100.00	14,500.00	14,500.00	100.00	-

3	Conduct interaction, review and planning meeting with local government bodies on SRHR and SAS	16	16	100.00	229,895.00	235,075.00	102.25	(5,180.00)
4	Conduct interaction meeting with media personnel on safe abortion and SRHR	2	2	100.00	36,785.00	37,760.00	102.65	(975.00)
5	Education sessions with different community groups on SAS with especial focused to single women and DAG	28	27	96.43	280,865.00	279,715.00	99.59	1,150.00
6	School health program on SAS- School sessions with EPH teacher (video, quiz, IEC materials)	20	20	100.00	75,806.00	75,806.00	100.00	-
7	Conduct orientation to differently able persons (partially blind) on safe abortion and SRHR	1	1	100.00	12,750.00	12,750.00	100.00	-
8	Conduct FCHV orientation on SAS and RH interim guideline	3	3	100.00	37,500.00	30,780.00	82.08	6,720.00
9	IEC materials production	1	1	100.00	50,000.00	49,720.00	99.44	280.00
10	Day celebrations- SAS, FCHV and IWD day	3	3	100.00	29,000.00	31,360.00	108.14	(2,360.00)
11	FM jingles/Radio Program broadcasting	7	7	100.00	83,000.00	79,000.00	95.18	4,000.00
12	Street Drama on safe abortion service	4	4	100.00	53,075.00	53,075.00	100.00	-
13	Documentary preparation	1	1	100.00	10,000.00	10,000.00	100.00	-
14	Short movie preparation	1	1	100.00	50,000.00	54,663.00	109.33	(4,663.00)

15	Monitor support for displaying SAS, SRHR information	4	4	100.00	120,000.00	119,900.00	99.92	100.00
16	Hoarding board construction	1	1	100.00	20,000.00	20,200.00	101.00	(200.00)
17	Monitoring-Board and Palika level	42	41	97.62	66,200.00	64,600.00	97.58	1,600.00
Grand Total Cost		137	134	98.54	1,188,676.00	1,186,054.00	99.78	2,622.00

Annex 6. Review and Planning Meeting with Local Government Bodies

Table 7: Review and planning meeting with local government bodies

SN	Venue	Municipality	Date	Total Participants	remarks
1	Chichila	Chichila	Sep. 13, 2019, Jun. 3, 2020	37	
2	Khandbari	Khandbari	Sep. 19, 2019	29	
3	Barabise	Savapokhari	Sep. 23, 2019, Jun. 5, 2020	31	
4	Wana	Panchkhapan	Sep. 30, 2019, May 10, 2020	51	
5	Tamku	Silichong	Nov. 17, 2019	23	
6	Chaipur	Chainpur	Nov. 20, 2019, Jun. 10, 2020	58	
7	Okharbote	Madi	Dec. 23, 2019	20	
8	Mude	Dharmadevi	Feb. 6, 2020, May 25, 2020	45	
9	Num	Makalu	Feb. 23, 2020, Jun. 4, 2020	36	
10	Hatiya	Bhotkhola	Jun. 9, 2020	20	
Total				350	

Annex 7. Education Sessions with Different Community Groups on SAS

Table 8: Education sessions with different community groups on SAS

SN	Venue	Municipality	Ward	Date	Total Participants
1	Pangthapakribas Health Post	Chichila	4	Aug. 15, 2019	25
2	Devitar Community Health Unit	Chichila	5	Aug. 17, 2019	25
3	Mawadin Health Post	Madi	8	Aug. 27, 2019	21
4	Phabing Basic Health Center	Madi	9	Aug. 28, 2019	33
5	Jyamire, Dhupu	Savapokhari	2	Sep. 17, 2019	38
6	Lakuwa, Tamku	Silichong	3	Nov. 8, 2019	28
7	Khanigaun, Tamku	Silichong	3	Nov. 9, 2019	20
8	Mangtewa Health Post	Silichong	4	Nov. 10, 2019	25
9	Benchong, Mangtewa	Silichong	4	Nov. 11, 2019	20
10	Besi, Mangtewa	Silichong	4	Nov. 12, 2019	27
11	Khempalung Community Health Unit, Yaphu	Silichong	5	Nov. 13, 2019	23
12	Ahale, Madi	Madi	2	Nov. 25, 2019	25
13	Single Women Group building	Khandbari	3	Nov. 28, 2019	28
14	Ratmate, Khandbari	Khandbari	8	Nov. 29, 2019	18
15	Dandagaun, Khandbari	Khandbari	8	Jan. 20, 2020	21
16	Diding Health Post	Chichila	3	Feb. 20, 2020	31
17	Gairigaun, Diding	Chichila	3	Feb. 22, 2020	27
18	Kharshu Community Health Unit, Diding	Chichila	3	Feb. 22, 2020	29
19	Malta Health Post	Khandbari	5	Feb. 28, 2020	33
20	Savapokhari Health Post	Savapokhari	5	Mar. 7, 2020	25
21	Swatchi, Savapokhari	Savapokhari	5	Mar. 8, 2020	19

22	Bakhuwa, Diding	Chichila	2	Mar. 13, 2020	21
23	Sovangma, Diding	Chichila	1	Mar. 14, 2020	27
24	Ahale, Diding	Chichila	2	Mar. 15, 2020	27
25	Gola Community Health Unit, Gola	Bhotkhola	4	Mar. 21, 2020	29
26	Tinpokhari, Khandbari	Khandbari	7	Jun. 14, 2020	34
27	Tikedhara, Khandbari	Khandbari	7	Jun. 15, 2020	20
Total					699

Annex 8. School Health Program (education session) on SAS, SRHR, SDG, NDHS

Table 9: School health program on SAS

SN	School/Campus	Municipality	Ward	Date	Total Participants
1	Dharmadevi Secondary School, Devitar	Chichila	5	Aug. 16, 2019	45
2	Surya Secondary Boarding School, Khandbari	Khandbari	1	Aug. 21, 2019	45
3	Saraswati Secondary School, Mawadin	Madi	8	Aug. 26, 2019	36
4	Sarada Secondary School, Sidhapokhari	Chainpur	4	Aug. 29, 2019	32
5	Janajyoti Secondary School, Dhupu	Savapokhari	2	Nov. 7, 2019	28
6	Sagarmatha Secondary School, Tamku	Silichong	3	Nov. 7, 2019	72
7	Jiwanjyoti Secondary School, Mangtewa	Silichong	4	Nov. 11, 2019	42
8	Maheswori Secondary School, Yaphu	Silichong	5	Nov. 14, 2019	50
9	Saraswati Secondary School, Chainpur	Chainpur	6	Dec. 10, 2019	56
10	Sankhuwasava Multiple Campus, Chainpur	Chainpur	6	Dec. 11, 2019	64
11	Madi Multiple Campus, Okharbote	Madi	2	Dec. 23, 2019	25
12	Mayadevi Secondary School, Kanpur	Madi	3	Dec. 24, 2019	33
13	Narayan Secondary School, Okharbote	Madi	2	Dec. 26, 2019	86
14	Madi Secondary School, Madi	Madi	2	Dec. 26, 2019	48
15	Singadevi Secondary School, Num	Makalu	5	Jan. 29, 2020	48
16	Singeswori Secondary School, Mude	Dharmadevi	3	Feb. 4, 2020	48
17	Mahendrajyoti Secondary School, Bihibare	Dharmadevi	9	Feb. 5, 2020	42
18	Jalapa Secondary School, Dandagaun	Chichila	3	Feb. 20, 2020	38
19	Bageswori Secondary School, Dhungedhara	Khandbari	8	Feb. 27, 2020	29
Total					867

Annex 9 . A specimen of case story

By Kaman Singh Rai¹

Who knows my pain???

"With big hugging, she cried and said that you have saved my life and money. She thanked me. I was touched with her situation. If I am in her place, I may die said Sudha Ghimire the clinical mentor com. service provider." After referred from a listed health facility, she came for final talk with her before leaving to Koshi Hospital for abortion service. Her abortion was succeeded in district hospital and went back for farming happily.

For the service, she sold her oxen in forty thousand. She was so worried that how to farm this year. Because she must sell her oxen instantly upcoming farming season. There was no option to her that either to continue pregnancy or go for abortion. She went to Wana PHC when she had doubt. Her pregnancy was found more than ten weeks when service provider had checked and suggested her to go in Koshi Hospital. Service provider has consulted with clinical mentor about the case. Clinical mentor has advised her to send once in district hospital. She (client) was not sure that her case will be solved

¹ Program Officer, SODEC Sankhuwasava

in district hospital. And she has managed money by selling her oxen for taking abortion service in Koshi Hospital. As of service provider's suggestion, she went to district hospital carrying her money.

By seeking his type of service, how many women are killing their lives every day? How many fall in unsafe abortion? How many of them are pushing their live in vicious circle of poverty? It is a representative case.