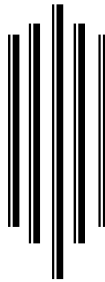


Mid-Term Evaluation Report of

Support to National Safe Abortion Program in Nepal

Supported by Ipas USA

**implemented by
FHD, NHTC, NHEICC, DoHS, and REACH and SMNF Nepal**



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June – July 2013

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Acknowledgement

It is our great pleasure to have this opportunity to carry out the mid-term evaluation of the project, “Support to National Safe Abortion Services” implemented by Family Health Division (FHD), DoHS and supported by Ipas Nepal, which is dedicated to improve the maternal health through supporting National Safe Abortion Policy 2002, Government of Nepal. The Evaluation is based on Term of Reference issued by Social Welfare Council to conduct mid-term evaluation of Ipas supported project. Evaluation team has tried to come up with best possible facts/findings, information and appropriate recommendations.

First of all, Evaluation team expresses sincere gratitude towards Social Welfare Council for entrusting and providing responsibilities of mid-term evaluation. We would like to extend sincere thanks to Er. Rabindra Kumar, Member Secretary, Mr. Madan Rimal, Evaluation Director, and Mr. Deependra Pant, Deputy Director, SWC for their continued support and guidance.

We would like to extend our gratitude to Dr. Ganesh Bdr Singh, Medical Superintendent, CAC training centre staffs, Seti Zonal Hospital, Mr. Jay Bahadur Karki, Sr. Public Health Administrator DPHO, Kailali, MA service providers of health facility from Pahalmanpur, Kailali, Mr. Navraj Subba Sr. Public Health Administrator, Morang, CAC training centre Incharge, Koshi Zonal Hospital, MA Service providers of health facility, Partner Organization, REACH Nepal, SMNF Nepal and ABC Nepal executive and staff for sharing valuable information about project progress and challenges. Likewise, Female Community Health Volunteers and beneficiaries deserve our special thanks who shared their views and experiences.

We would like to extend our sincere gratitude to Dr Senendra Raj Upreti, Director, Family Health Division (FHD) and Mr. Mahendra Prasad Shrestha, Director, National Health Training Center (NHTC) for giving us their valuable opinions. Dr. Indira Basnet, Country Director, Mr. Deepak Bajracharya, Finance and Admin Manager, Mrs. Meena Shrestha, Health System Associate, Mr. Prabesh Shrestha, Finance & Admin Assistant of Ipas Nepal deserve our special thanks for providing relevant information on project progress and challenges. I would like to express my sincere thanks to team members, without their hard work, the task would not have been accomplished. At last, we would also like to acknowledge the help for transportation services and field arrangement managed from Ipas Nepal.

Team leader and Members

Acronyms

BCC	Behavior Change Communication
CAC	Comprehensive Abortion Care
CPAC	Central Project Advisory Committee
DHO	District Health Office
DPAC	District Project Advisory Committee
DPHO	District Public Health Officer
FCHV	Female Community Health Volunteer
FGD	Focal Group Discussion
FHD	Family Health Division
FP	Family Planning
FPAN	Family Planning Association of Nepal
HMIS	Health Management Information System
HP	Health Post
INGO	International Non Government Organization
LMD	Logistic Management Division
MA	Medical Abortion
MD	Management Division
MO	Medical Officer
MoHP	Ministry of Health and Population
MSI	Marie Stopes International
MVA	Manual Vacuum Aspirator
NAN	Nursing Association of Nepal
NESOG	Nepal Society of Obstetricians and Gynecologists
NGO	Non Government Organization
NHEICC	National Health Education Information and communication Center
NHTC	National Health Training Center
NMA	Nepal Medical Association
PHC	Primary Health Center
RHCC	Reproductive Health Coordination Committee
RHD	Regional Health Directorate
SHP	Sub Health Post
SMNF	Safe Motherhood Network Federation
SWC	Social Welfare Council
TCIC	Technical Committee for Implementation of Comprehensive Abortion Care

Executive Summary

Ipas/Global was established in accordance with non-profit corporation Act, certification Number: 5837255-1, a non-political, non-sectarian, non-governmental, non-profit making, humanitarian organization based in NORTH CAROLINA, USA, established in October 1973. Ipas works around the world to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries.

A general agreement between Social Welfare Council (SWC) and Ipas was signed on June 9, 2011. The tripartite project agreement signed among SWC, Ipas and Partner Organization on June 9, 2011 (for the period of July 2010 to June 2015) for the project named "Support to National Safe Abortion Program". The aim of the project was to advance women's sexual and reproductive health and rights with specific objectives to obtain comprehensive abortion care and prevent unwanted pregnancy by promoting the modern contraceptive methods.

The objectives of the mid-term evaluation have been to assess whether the project activities are in progress and in line of the project agreement and whether the project has followed financial regularities/discipline. A descriptive study design used to generate primary data using tools and document review; observation of records/reports; and interview with staff of Comprehensive Abortion Care (CAC) training Centre, Medical Abortion (MA) service providers, Female Community Health Volunteers (FCHVs) and District/Public Health Office (D/PHO), Women Development Offices (WDOs), District Development Committee (DDC), Kailali and Morang, Ipas staff and beneficiaries. The secondary data collected from progress reports and other relevant documents supplied from Ipas.

Ipas provided financial and technical assistance to support National Safe Abortion Program in coordination and collaboration of Family Health Division (FHD), National Health Training Center (NHTC), National Health Education Information and communication Center (NHEICC), Logistic Management Division (LMD) and Health Management Information System (HMIS) of Management Division of DoHS. Ipas supported 21 district for MA and 75 districts for CAC services. The main support is to expand CAC/PAC services in public and private sector; expand access to MA services; Increase women's knowledge about SRH and abortion and support policy guideline/strategy, research and dissemination workshops.

Supported in assessment of eligible trainee and sites; CAC/MA and 2nd trim abortion training, monitoring, annual networking meeting, and refresher training. Total of 823 doctors and nurses have been trained from 435 listed CAC sites of the 75 districts in public-private and NGOs. These trained human resources are provided technical and follow up support from trained clinical mentors in coordination of respective district D/PHO and FHD and NHTC. 371 ANMs have been trained from 229 facilities on MA and 12,999 (July 2011 – Dec 2012) clients were provided MA services.

End line assessment in 280 sites, assessment of providers' performance and Client Exit Interviews (CEIs) were conducted. Trained CAC providers monitor and technically assist MA service providers. Total of 52 Obs and Gyn/MDGP doctors were trained from 21 sites on 2nd trim abortion services and 264 women served by 30 June 2012. In order to increase community awareness and access to safe abortion services, 13078 FCHVs from 21 districts trained on early detection and referral. Likewise Air radio drama developed and broadcasted on Radio to cover 75 districts of the Country. Various IEC/BCC message materials developed and distributed in the community and 500 WDOs supervisors oriented on SAS.

The guideline mainly integration of MA into SBA curriculum, early pregnancy detection and referral content into national FCHV training and National Safe abortion implementation guide-2011 developed during project period. Exit survey, feasibility study and dissemination workshop on Performance information of FCHVs and results of training and mentoring ANMs to provide MA were accomplished.

Till the mid-term evaluation period (July 2010 – June 2013), total of 1, 77,774 beneficiaries were served from 823 trained health workers on CAC/MA and 2nd trim abortion services (Source, HMIS). Ipas has organized CPAC meeting at central level to review progress and at district level RHCC meeting were organized. Thus, mid-term progress is in line with objective of the project and successfully accomplished the set target stipulated in the project agreement. Overall, Support to Safe Abortion Project has made significant contribution in reducing maternal deaths from illegal abortions and improving maternal health.

Recommendations:

- There is need to strengthen joint planning and coordination with Family Health Division, National Health Training Centre and other relevant departments of Department of Health Services and district line agencies
- The project agreement should be shared with FHD, NHTC and other relevant department of Health services and DDC and D/PHO of implemented districts
- The project implementation through local NGOs/community based organizations and D/PHO should be continued for community ownership and sustainability of SAS
- The Family Planning methods should be incorporated and scaled up within Safe Abortion Program
- There is need to expand SAS abortion services in hilly and mountainous district where still is a major problem to reach the underprivileged and unreached community.
- Strategy should be developed to address the haphazard selling of MA drugs from untrained private non-listed medical stores

- The CPAC meeting should be organized as specified in project agreement and it should be made consensus with SWC regarding using RHCC meeting as DPAC
- Community interventions scaled up targeting Mother's groups and adolescent boys and girls
- Strategy should be developed to scale up SAS from private sector which accommodates large section of health service delivery

CHAPTER I

1.1 Introduction

1.1.1 Introduction of Ipas International

Ipas/Global was established in accordance with non-profit corporation Act, certification Number: 5837255-1, a non-political, non-sectarian, non-governmental, non-profit making, humanitarian organization based in NORTH CAROLINA, USA, established in 5th day of October 1973, being desirous of furthering development activities in Nepal in the reproductive health sector. Ipas works around the world to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries. Ipas believe that women everywhere must have the opportunity to determine their futures, care for their families and manage their fertility.

1.1.2 Introduction of Ipas Nepal

In 2002 February Ipas along with the other International and National NGOs provided technical assistance to prepare for the legalization of abortion, which resulted in the passage of the 11th Amendment to the Civil Code, also known as the Women's Property Rights Bill. The amendment legalized abortion and codified women's rights in Nepal, including, for the first time, basic rights to property, education, and divorce. With this, Nepal was transformed from having one of the most restrictive abortion laws in the world to becoming a global leader by making abortion legal upon demand up to the 12th week of pregnancy.

Ipas assisted the government in developing policies, standards and guidelines (the Procedural Order), supported the formation of the FHD's Technical Committee for the Implementation of Comprehensive Abortion Care (TCIC), demonstrated to establish a successful monitoring system and helped to set up a system by which trained Comprehensive Abortion Care (CAC) providers could be legally allowed, or "listed," to provide abortion services.

A general agreement between Social Welfare Council (SWC) and Ipas was signed on June 9, 2011. The project agreement also signed on the same date June 9, 2011 between Ipas, TCIC, REACH and SWC with the purpose to improve maternal health and reduce maternal mortality ratio through provision of high quality reproductive health care including safe abortion services.

1.1.3 Research Education and Community Health Nepal (Reach Nepal)

Reach Nepal is a well established non-political, non-sectarian, non-governmental and non-profitable social organization working in the field of Health, Education and Research. The organization is registered in the District Administration Office (DAO), Kathmandu under the Organizational Registration Act of 2034 BS. The organization is also affiliated with Social Welfare Council and Inland Revenue office, Nepal.

Reach Nepal strongly believes that it is the responsibility of individuals or groups or communities to contribute in achieving the national goals and interest to promote, restore and maintain the health of its people. It is operated by a consortium of people from diverse discipline like public health, medical, nursing and management.

1.1.4 Safe Motherhood Network Federation (SMNF)

Safe Motherhood Network Federation Nepal (SMNF Nepal) was founded on June 1996 by collaboration of 26 health and non-health professionals working in women's rights and reproductive health issues. The founding members of the Network collaboratively funded it and joined hands in planning and implementing an awareness and advocacy activities when safe motherhood was a non-issue in Nepal. It pooled resources to work on reproductive rights and safe motherhood issues. SMNF adopted newborn health as a part of its mandate in 2004. Safe Motherhood Network registered as federation in Kathmandu on 28 March 2005 under DAO registration number 46/061/062 and Social Welfare Council Registration number 17917.

The Safe Motherhood Network Federation Nepal (SMNF Nepal) has 675 NGO members in 69 districts of Nepal. As a government of Nepal rules for Civil Society Organizations, from 2001 to 2003 CEDPA/Nepal supported the Safe Motherhood Network's Secretariat with funds from USAID. After termination of this support, the Network's Secretariat was supported two of its local partner agencies, namely, SAMANATA - Institute for Social and Gender Equality and the Rural Women's Development and Unity Centre (RUWDUC). Safe Motherhood Network Federation Nepal (SMNF Nepal) has been a member of Global White Ribbon Alliance for Safe Motherhood (GWRA) from early 2000 A.D.

1.2 Project details

1.2.1 Background of the Project

Every year 22 million unsafe abortions occur in the world, resulting in the death of an estimated 47000 women and disabilities for an additional 5 million women (Source: Safe abortion: technical and policy guidance for health systems, WHO 2012).

High Maternal Mortality Ratio (MMR) remains one of the biggest public health problems in Nepal. One of the major contributors to the high mortality rate in developing Nations like Nepal is unsafe abortions. A number of Researches have revealed that safe abortions can contribute in meeting the Millennium Development Goals (MDG 5) by 2015. Abortion was legalized in Nepal on 27 September, 2002 (MoHP 2004). Before 2002, women were not allowed to terminate their pregnancy under any circumstances. Inevitably, many preventable maternal deaths occurred during that period.

The legalization of abortion helped to reduce the MMR as well as Neonatal Mortality Rate (NMR) in Nepal. MMR decreased from 539 per 100,000 live births in 1996 to 281 in 2006 (NDHS, 2006). The first safe abortion service (surgically) was provided in the Maternity Hospital in 2004. Comprehensive Abortion Care (CAC) is now available in all 75 districts of Nepal and in June 2013, the total number of listed CAC sites had reached 766. For the first trimester abortion services, MVA is available mostly in the urban areas of the Country. For gestation more than 12 weeks, it is available only in 21 selected referral hospitals.

With the technical assistance provided by Ipas to FHD, the following progress has been made since 2004 to date (June 2010).

Services Statistics

Fiscal Year	No of Provider Trained	No. site listed (June	No. of Cases
060/61	54	12	719
061/62	95	57	10,561
062/63	111	64	47,451
063/64	114	34	73,474
064/65	138	39	97,378
065/66	192	39	83,987
066/67	257	86	88938
Below achievement is of the project period			
067/68	315	156	95,306
068/69	347	178	82,468
069/70	161	101	
	823	435	<u>580282</u>

1.2.2 Objective of Ipas

The objectives are to expand access to safe abortion care for women, including young women, improve quality in both private and public health system sectors; increase a sustainable supply of abortion-related technologies, particularly MVA and MA; expand women's and young women's awareness of options and ability to prevent/manage unwanted pregnancy in the community and reform laws and policies for safe abortion care as well as increase commitment and resources by key stakeholders.

Name of the Project

"Support to National Safe Abortion Program"

1.2.3 Objective of the Project

Overall objective:

- To advance women's sexual and reproductive health and rights

Specific objective:

To enhance the ability and rights of women, including young women,

- to obtain comprehensive abortion care and
- to prevent unwanted pregnancy by promoting the modern contraceptive methods

1.2.4 Location of the Project

- 21 districts for MA services and 75 districts for CAC services

1.3 Result wise activities of the Project

Result 1: Expand CAC/PAC services in Public Sector

- Districts orientation on safe abortion services
- CAC training to Physicians, Nurses and MA training for ANMs
- Refresher integrated training, onsite clinical coaching and follow-up of trained providers (CAC, MA and 2nd trim)
- Strengthen regional/district hospital as CAC training centre
- Review/Update/Produce CAC and MA training package
- CAC Service Provider networking meeting
- Whole site orientation/review with PHCCs, HPs and SHPs on SAS
- Technical support to HMIS; GIS mapping of SAS in coordination with HMIS
- Assessing the impact of counseling on method selection and contraceptives uptakes
- Listing providers and sites and publish listed sites in newspaper (Public and Private)

Result 2: Expand MA services in public facilities

- Update/translate/integrate package for SBA trained MA only providers
- MA TOT for new SBA trainers (Nurses)
- Develop a three days supportive supervision guideline and orient PHNs on MA
- Develop capacity of CAC Providers in monitoring MA trained SBAs in at PHCCs/HPs
- Orientation on SAS to WDO and field supervisors from districts
- Need Assessment of PHCCs and HPs and MA sites strengthening
- End line assessment of HPs/PHCCs in providing quality MA service
- Annual networking meeting of MA providers and in-charges from PHCCs and HPs
- Dissemination workshop of performance of PHCCs and HPs in providing MA services
- Meeting with RHCC members

Result 3: Improve 2nd trimester abortion services

- **Pre training assessment and preparation to develop as a second trimester service site**(site baseline and minimum requirement assessment, providers eligibility assessment and VCAT workshop)
- **2nd trim** training for Obstetrician and gynaecologists/MDGP
- Data collection and post training follow-up (within 1 month by telephone,3 and 6 months on site clinical mentoring)
- Ensure 2nd Trim instrument supply, 2 sets in each sites (Government)
- Annual conference of 2nd trim trained providers
- Follow-up on f adverse events and performance of 2nd trim trained providers
- Training to Nurses on assisting 2nd trim providers
- Quarterly site support after the training.
- Develop second trimester training manual
- Document the severe complication of abortion in 9 referral hospitals

Strategy 1: Increase knowledge on SRH and safe abortion in community

- Update FCHVs training curriculum and development of SAS Flip chart for counsellor
- Train and review FCHVs from 25 districts
- Production of SAS Flip chart, bags. Key rings for FCHVs
- Production of MA Leaflets (community)
- SAS wall paintings and production of CAC logo
- Conduct ToT for WDO and field supervisors in 25 districts
- Revised/Air Radio program in 3 local dialects from local FM stations
- Implement 1 youth-focused social network intervention in 1 district by the end of Yr3 by
 - working with local community-based partner to design intervention
 - conducting on-site partner visits to assess progress and provide technical assistance

Strategy 2: Support policy, guideline and protocols at policy level

- Develop SAS including FP implementation guideline & Integration of MA into the SBA curriculum
- Integration of early pregnancy detection and referral content into National FCHV training
- Conduct CEIs of women who accessed MA services from ANMs in 1 district and lessons learned
- Conduct routine quarterly monitoring to track by age the number of women receiving MA services with appropriate technology and the number and percentage receiving post abortion contraceptives at project sites served by ANMs
- Document the model for training primary-care providers in minimum basic skills for MA
- Document and disseminate results of training and mentoring ANMs to provide MA
- Analyze and document MA-only model for lessons learned and global partners
- Collect annual performance information for 466 FCHVs from 1 sample district
- Feasibility study on the appropriateness of Misoprostol for treatment of incomplete abortion
- Develop/implement strategy to monitor adverse event post CAC

1.4 Objectives of the Mid-term Evaluation

The objectives of the project evaluation are to

- Explore the level of progress/changes made by the project and analyze the extent to which the achievement have supported the program goals and their objectives,
- Evaluate the project effectiveness—longitudinal effect and continuity of the project activities/services as well as the scope and extent of the institutionalization of the project,
- Explore the cost effectiveness of the project activities and achievement as per PA.
- Explore the coordination between the concerned line agencies in the project districts,
- Find out the income and expenditure in compliance with the project agreement and proportion of programmatic and administrative cost incurred by the project,
- Examine the financial regularities/disciplines in accordance with the prevailing Rules and Regulations fix assets purchased in duty free privileges and locally, and
- Assess good lessons to be replicated in other projects and aspects to be improved in the days ahead.

1.5 Design and Methodology of the Mid-term Evaluation

For the mid-term evaluation of the project, Evaluation team adopted following methodology to illustrate progress and outcomes/impact of the project. Pre-evaluation meeting was held on 22 April 2013 where Ipas representative presented the project activities and progress. The date of field visit and scope of work was discussed among evaluation team and Social Welfare Council (SWC). Evaluation Director provided his guidance to conduct the evaluation. Ipas representative provided relevant documents, project agreement, progress reports and financial audit reports.

The following methodology was followed by the team for mid-term evaluation.

- Collect and review of relevant project documents/agreement/progress reports etc.
- Formulation of working strategic plan for evaluation
- Formulation of Observation Check list, setting of Questionnaire
- Informal meeting and discussion with staff members, interviewing with CAC/MA service providers and trainers of Seti Zonal Hospital (SZH) and Koshi Zonal Hospital (KZH) and health facilities of Kailali, Morang and Chitwan
- Focus group discussion with FCHVs
- Observation of the CAC training centre at SZH and KZH and MA trained providers and sites at health facilities of Kailali, Morang and Chitwan
- Interviews with executive officers of Ipas Nepal
- Interaction with Director, Family Health Division (FHD) and National Health Training Centre (NHTC)
- Discussion and meeting among team members regarding evaluation and report preparation
- Presentation of findings and submission to SWC

Materials/ Instrument

- General Scope of work for mid-term evaluation from SWC
- General agreement
- Project agreement
- Observation Check list
- Progress and audit reports
- Presentation by SZH and KZH CAC and MA training centres at Kailali, Morang and Chitwan
- Websites etc.

Sampling Site:

Seti Zonal Hospital and Koshi Zonal Hospital CAC/MA training centre and some MA service providing health facilities, FCHVs, DDC and WDO were purposively selected for the sample site considering the time limitation of the evaluation study.

Evaluation Team Members:

The evaluation team comprised of four members as follows

Mr. Khakindra Bhandari	Team Leader
Mr. Gopi Choudhari	Member, Representative, SWC
Mr. Kabiraj Khanal	Member, Representative from MoHP
Mr. Ram Ghimire	Financial Expert

1.6 The Organization of the Report

The report is organized in five chapters. The first chapter of the report contains the Introduction, background, and objectives of the project and methodology for the mid-term evaluation study. The second chapter comprises of Presentation, Analysis & Interpretation of Figures & Facts of the study. The third chapter concentrates on financial analysis. The fourth chapter concentrates on the analysis and evaluation. The fifth chapter gives the suggestions and recommendations. The last section of the report presents the Annexes of tools used in the study and references.

1.7 Limitation of evaluation Study

As per the TOR given from Social Welfare Council; total period of time allocated for the evaluation purpose was 30 days from the date of pre-evaluation meeting, evaluation team reserved eight days time for the field visit. Therefore; purposive sampling method was applied, and major portion of the project activities were covered. Evaluation team visited the project sites, Morang of Eastern Development Region, Kailali of Far-Western Development Region and Chitwan district of western development region. The information collected from all level of people met and visited CAC/MA training centre and service providers and line agencies was adequate to cover the mid-term evaluation process.

CHAPTER II

Presentation, Analysis & Interpretation of Figures & Facts

This chapter presents the results of the study. The mid-term evaluation explored the situation of the activities and achievement of the project with respect to the three expected results and two strategy of the project, as identified in log-frame matrix: expand CAC/PAC services in Public Sector; expand MA services in public facilities; improve 2nd trimester abortion services and strategy to increase knowledge on SRH and safe abortion in community and support policy, guideline and protocols at policy level. First general findings of the mid-term evaluation are presented. Second, major activities completed in the key result areas are presented. Finally, findings related to the management aspects of the project are described.

2.1 General Finding

A General agreement between Ipas and Social welfare council was signed on dated June 9, 2011 and “Support to Safe Abortion Program” is continuation of earlier project with project agreement signed among Ipas, partners and social welfare council on same date June 9, 2011. The project is implemented in coordination and collaboration of FHD, NHTC, NHEICC and LMD of Department of Health Services (DoHS).

Project inception and start up

The project support to “National Safe Abortion Program” is continuation of previous project implemented by Ipas in Nepal.

Staffing pattern, staff career development, capacity building and motivation

Total of 14 Staffs are working for Ipas Nepal having different technical and managerial expertise. The staffs are provided opportunities to build their capacity through exposure to national and international training on safe abortion and maternal health. Some of the staff visited to Ipas Head Office, USA for building technical capacities.

Recruitment process

The recruitment process in Ipas is transparent, vacancy announced through advertising in national newspapers and electronic media. The recruitment of staff organized in collaboration with FHD, DoHS and interview panel of team of expert.

Summary of major achievements

Ipas contributed in the development of evidence based safe abortion related policy/strategy/guide: Nepal Procedural Order-2002; National Safe Abortion Policy-2003; National MA scale up Strategy-2009 and National Safe abortion implementation guidelines -2011. Ipas provided support to health facilities to provide SAS within the national legal provision, policy, protocol and guideline. Ipas extends technical and financial support to FHD – for program related issues; NHTC- for training and follow up; NHEICC- for disseminate IEC/BCC related

activities; DHO/DPHO- for district level program guidance, monitoring and supervision; Training Centers- for quality and competency; CAC training; Hospitals for CAC service and referral; PHCCs and HPs for providing services and NGOs for logistic support. Ipas supports HMIS section of Management Division in providing training to CAC focal persons on recording and reporting in HMIS-11 logbook.

At National level: Till mid-term evaluation period, total number of CAC provided 1, 77,774 by 823 trained/listed providers from 435 listed health facilities. Post abortion long term contraceptive (including Depo but exclude Condom & Pills) use: 34,085 (37%). Treatment of abortion complications: 1,095 (1.2%) (*Source: HMIS/DoHS, FY2068/69*).

At 21 districts level:

Total number of MA provided 12,999 (July 2011 – Dec 2012) by 371 trained/listed providers from 229 listed health facilities; Post abortion contraceptive use: (long term – 7%, Short term – 77%) and Post MA complications: 5 (0.01%) (*Source: HMIS/DoHS, (July 2011 – Dec 2012)*)

2.2 Result wise Achievements/progress (July 2010-June 2013)

Ipas has implemented “Support to Safe Abortion Program” in coordination and collaboration of FHD, NHTC, NHEICC, LMD and Management Division of Department of Health Services, MoHP with following objective wise progress.

2.2.1 Result 1: Expand CAC/PAC services in public and Private Sector

Assessment of eligible trainees and sites

Ipas supports the assessment of the eligible trainees and sites for CAC training in close coordination and collaboration of FHD and NHTC, DoHS. After assessment of eligible trainees and sites, Ipas coordinates with FHD and NHTC for the training and listing of provider and sites.

Develop and strengthen government training centres

It was observed that Ipas has contributed in strengthening regional/district government CAC training centres through renovation of building, logistic supply, furniture and other required equipment and drugs.

Training (Capacity Building)

In coordination of NHTC and FHD, DoHS, Ipas provided technical and financial support for training the Physicians and Nurses and ANMs on comprehensive abortion care (surgical and medical abortion) and 2nd trimester abortion services. Till mid-term evaluation period, total of 823 doctors and nurses have been trained from 435 listed CAC sites of the 75 districts in public-private and NGOs which is almost 100 percent of the set target in the project agreement.

Monitoring (Post training follow up, clinical coaching and feedback) and Evaluation (providers' clinical skills)

Ipas has supported to form provider support teams (PST) comprising of the Public-Health Nurse (PHN), in-charges, Clinical mentors, and Ipas staff or consultants. This team conducts time to time monitoring visit to different listed CAC/MA sites to ensure the quality services in public sector and provide onsite clinical coaching and follow up of CAC/MA trained providers. These trained CAC/MA providers are also provided follow up and coaching through telephone conversation. During mid-term evaluation period, 1402 times training follow-up support has been provided to trained service providers which is 70% of set target. Likewise 300 service providers were conducted on site coaching which is 55% of the set target.

Ipas supported in organizing 3 days CAC refresher integrated training to already train providers. Ipas conducts assessment of low performing sites and provides technical and follow up support to improve the performance. During the reporting period of January to June 2012, 192 ANM providers received 344 support contacts from clinical mentors (50%), PHNs (10%), and Ipas staff (40%); the overwhelming majority of contacts were conducted in-person (96%) and a wide variety of inputs were provided – most notably encouragement (75%), instruction (67%), and observation (51%).¹

Review and Performance evaluation system

Ipas supports in performance evaluation of the trained CAC/MA service providers within certain time period helping them to strengthen the skill and knowledge. Ipas follow up with service providers after 4 to 6 weeks of training then after 6 to 9 months for getting information about their problems and constraints. If problem exist technical team will visit onsite for technical back up and creating enable environment. On average, each MA service providers were visited twice a year.

CAC Service Provider networking meeting

Ipas supports FHD and NHTC to organize CAC/MA service providers networking meeting to review the progress and challenges and constraints. Based upon review, further project planning is done to ensure quality CAC/MA services from PHCCs and HPs. The district stakeholders are provided orientation on safe abortion program, legal status and listed CAC/MA sites. Whole site orientation/review with PHCCs, HPs and SHPs on SAS organized in the project interventions districts.

¹ Ipas progress report January-June 2013

Listing service providers and service sites

During mid-term evaluation period, Ipas supported FHD, DoHS in listing of 823 service providers (74%) and 435 listing of sites which is more than the set target in the project agreement from private-public health facilities. During mid-term evaluation period, data shows that 30 private service providers were provided CAC integrated training and onsite technical support that is 60% of the achievement as of set target. The project has supported to select and strengthen one new private training site from private sector.

Research/Dissemination workshop

Ipas provides technical support to HMIS (regional meeting); GIS mapping of SAS in coordination with HMIS and review of progress done in all regional level meeting on safe abortion services. Ipas organized dissemination of study (MH and MSI findings on abortion clients) to strengthen FP services and also conducted study on assessing the impact of counselling on method selection and contraceptives uptakes with the support from WHO. In addition, Ipas Nepal in close coordination with FHD has conducted MA provider's evaluation study, study on early pregnancy detection and referral by FCHV, assessment of client's perception on medical abortion studies.

2.2.2 Result 2: Expand access to Medication Abortion (MA) services

Need Assessment and MA sites strengthening in PHCCs and HPs

Ipas supports Family Health Division (FHD) to provide training in MA to ANMs who are certified as skilled birth attendants (SBAs). Cumulatively, 371 ANMs have been trained from 229 facilities since the beginning of the project. Total number of MA provided 12,999 (July 2011 – Dec 2012) and post abortion contraceptive use for long term method was 7% and for short-term method was 77%, whereas only post MA complications observed as 5 (0.01%)²

Minimum requirements for providing MA at Health Posts (HP) and Primary Health Care Centres (PHC) are monitored to ensure quality of services provided by ANMs. Expanding services to the HP level were not previously provided at all is a major accomplishment. Ipas provides Provider support and performance monitoring through logbook data collection.

End Line Assessment of HPs/PHCCs providing quality MA service

To ascertain the quality and performance of MA service providers and sites, Ipas supported to conduct end line assessment in 280 sites which is more than the set target (245) of 114%.

² HMIS/DoHS, (July 2011 – DEC 2012)

MA Provider Performance

A cohort study of 106 trained ANMs from July to December 2011 who had six months of complete logbook data available showed that during the month following training, providers served on average 1.2 women. This number approximately doubled to between 2.4 and 2.6 women per month in months four and five, before dropping slightly to 2.1 in month six. Among the 106 ANMs trained, 92 (87%) are providing quality services as measured in the National Health Management Information System (HMIS) system. Those who did not meet the criteria were evenly split between those who served no women (n=7) and those who did not meet the criteria for provision of post abortion family planning (PAFP) to 60 percent of MA clients (n=7).³

Women served with MA

On average, HPs and PHCs served eight women per month. Post abortion contraception was received by 88 percent of women receiving MA. Short-term methods predominated (82%); with 34 percent of women receiving condoms only.

MA Client Exit Interviews

Client Exit Interviews (CEIs) with MA clients were conducted at six PHCs; one from each of the Year 1 districts with 142 MA Clients showed that approximately 25 percent of respondents were less than 24 years of age. The most commonly reported sources of CAC information included family/friends (47%), Female Community Health Volunteers (FCHVs) (42%), medical providers (15%), and media (12%). A similar pattern was seen regarding where clients learned CAC was available at this facility. Nearly 40% of women had attended a women's group meeting that discussed CAC. Almost all clients reported being very satisfied (79%) or mostly satisfied (19%) with their CAC care.

Annual networking meeting of MA providers from PHCCs and HPs

Ipas supported in conduction of annual networking meeting of MA providers from PHCCs/HPs with the objective to review progress, share challenges and constraints and plan accordingly. Total of 458 participants including MA providers participated the meeting. Two out of 5 dissemination workshop of performance of PHCCs and HPs in providing MA services was organized and shared the findings among stakeholders till the period of mid-term evaluation.

Develop capacity of Nurses (CAC Providers) in monitoring MA trained SBAs working at PHCCs/HPs

Ipas supported FHD for capacity building of CAC providers in monitoring MA trained service providers at PHCCs/HPs. Out of the set target of 138, 70 CAC providers were build capacity for

³ Ipas conducted MA performance cohort study, July 2011-December 2011

monitoring which is 51% till mid-term evaluation period. This activity resulted in regular monitoring and onsite coaching of MA providers and ensured quality MA services from PHCCs and HPs.

RHCC meeting

Ipas supports D/PHO in organizing RHCC meeting in 21 districts, 1500 members participated in the meeting and shared progress, challenges and constraints of safe abortion services. The achievement is of 60% of target stipulated in the project agreement. During field visit to Kailali and Morang, evaluation team had interaction with Social Development Officer at District Development Committees but in both places they informed that they haven't participated in RHCC meeting and don't know about Ipas supported safe abortion services in the district. In Morang, DDC have received program and budget of Ipas supported safe abortion project through ABC Nepal, a local NGO and published in their book.

Near to and more than 50 percent of targets stipulated in the project agreement were successfully accomplished under this result that reflects project in progress and in line with objective.

2.2.3 Improve 2nd trimester abortion services

Ipas supported FHD in 2nd trim site assessment and total of 21 sites were assessed and established 2nd trim abortion sites which is as per target and achieved. The sites selected based upon criteria: having an available CAC provider who is an Ob-Gyn or MDGP (general practice physician) combined with a site that has Comprehensive Emergency Obstetric Care (CEmOC) status and offers CAC services six days per week. Whole site orientation and a half day of Values Clarification and Attitude Transformation training – VCAT) has been conducted in five new sites and five existing intervention sites. 55 Obs and Gyn/MDGP doctors were trained on 2nd trim abortion services and 85% of set times were followed up after 6 wks post training. Along with training, 28 sets of 2nd trim instrument were supplied from government.

Ipas also supported in organizing training to nurses on assisting 2nd trim providers and accomplished 30% of the target. A meeting of second-trimester providers was conducted in January 2012 to further develop clinical mentoring skills and also created an action plan for follow-up. 264 women received 2nd trim abortion services from 21 sites by 30 June 2012. An average of six second-trimester clients were served per month, per site. More than 50 percent of target stipulated in the project agreement were successfully conducted including follow up and documentation of the process of adverse events and performance of 2nd trim trained providers.

2.2.4 Result 3: Increase women's knowledge about SRH and abortion

Ipas with the objective to increase women's knowledge about Sexual and Reproductive Health (SRH) and abortion, supported following activities:

- Train FCHVs for early detection of pregnancy and referral
- Develop and Air Radio drama and spot ad
- Print and distribute IEC/ BCC materials e.g. leaflets, booklets, flipcharts,

Review and update FCHVs training curriculum

Female Community Health Volunteers (FCHVs) are the first contact in the community with women and mother's groups, thus community awareness of safe abortion services can be raised through FCHVs and also from health management committee members. Various IEC/BCC materials with message plays important role to create awareness and behaviour change and thus needs to be disseminated in the community. Ipas supported in review and update of FCHVs training curriculum and 13078 (115% of target) FCHVs from 25 districts were trained in early pregnancy detection and referral. In some of the district, review meeting with FCHVs was conducted and technical support provided. All the trained FCHVs were provided with pregnancy test kits (5 kits each) and they take 50 NRs/pregnancy test and money is used a revolving fund. Once pregnancy is positive, these pregnant women referred to MA trained service providers. This has increased the number of referrals and cases of MA in the PHCCs and HPs. Evaluation team during interaction with FCHVs found that some of them performing well and some have discontinued the pregnancy test and referral. Thus, follow up, review meeting and refresher training is required to strengthen FCHVs support in safe abortion services.

Reaching women through radio

Ipas has supported in production of episodes on about youth sexual and reproductive health for a radio series and broadcasted throughout Nepal's 75 districts on Radio Nepal (a national station). In addition, Ipas translated the entire 28-episode series into a local language (Tharu) and aired it on a local FM station in Dang district that has enhanced the knowledge on safe abortion services and increased access to CAC/MA services

Orient WDOs and supervisors for referral and disseminate SAS message

Women Development Office within Ministry of Women, Child and Social Welfare (MoWCSW) has network at community level in women's group, thus WDO network is very important platform to disseminate safe abortion message at grass root level. Ipas in collaboration with MoWCSW provided orientation to WDOs and Supervisors in 21 districts of Nepal. More than 500 supervisors of WDOs were participated in the orientation sessions. Evaluation team had interaction with WDOs at Kailali and Morang district and found that they have sufficient knowledge on safe abortion program and taking this issue as a discussion among women's group.

There is further need for follow up and action plan developed for WDOs to disseminate the SAS messages in the community.

IEC/BCC Message Materials

Ipas in collaboration with National Health Education, Information and Communication Center (NHEICC) supported to develop and distributed various IEC/BCC materials with messages such as SAS Flip chart, bag; Key rings for FCHVs; MA Leaflets; community SAS wall paintings and CAC Logo. All the activities under this objective have exceeded more than the set target in the project agreement and have brought increased awareness and behaviour change in the project district and safe abortion services have increased in the listed health facilities. In visited Pahalmanpur HP of Kailai, 78 cases of MA service provided by trained ANM in last 6 months period without any complication.

2.2.5 Result/Objective 4: Support in Safe Abortion policy/guideline

Ipas provided assistance to FHD, DoHS in accomplishment of following policy/guideline/strategy, exit survey, feasibility study and dissemination workshop during project period:

- Integration of MA into the SBA curriculum
- Integration of early pregnancy detection and referral content into national FCHV training
- CEIs of women who accessed MA services from ANMs in 1 district and report on lessons learned
- Document the model for training primary-care providers in minimum basic skills for MA
- Document and disseminate results of training and mentoring ANMs to provide MA
- Analyze and document MA-only model for lessons learned and global partners
- Collect annual performance information for 466 FCHVs from 1 sample district
- Develop/implement strategy to monitor adverse event post CAC

Conduct a feasibility study on the appropriateness of Misoprostol for treatment of incomplete abortion is under progress and will be completed in July.

2.3 Program and Management

2.3.1 Project documents

The evaluation team reviewed the project planning and implementation documents. The detail list of documents is given in below table:

Available project documents for implementation

Type of document	Name of documents	Availability
Planning documents	Project agreement with SWC	Yes
	Project agreement with partners and sub-partners	No
	Detailed Implementation Plan (Action plan, Annual operational plan)	Yes
	Log frame (planning) matrix	Yes
	Separate monitoring and evaluation plan	Yes
	Separate Exit plan	No
	Bi-annual reports	Yes
Training and BCC materials	Training manuals	Yes
	IEC/BBC Materials: Flip Charts, Leaflets, CAC Logo	Yes
	CAC/MA training manual	Yes
Financial records	Disaggregated budget	Yes
	Audit reports	Yes
	Maintenance of financial records	Yes

The project documents contain a considerable amount of information in clear and concise manner. The log frame contains three expected results and two strategies. The activities identified were relevant with regard to the expected outcomes of the project. The way they are formulated and the levels of achievement they represent are consistent with all results.

2.3.2 Project management and implementation process/Methodology

Ipas provided Technical Assistance (TA) and financial support (from various international donors) to implement Comprehensive Abortion Care Service across Nepal through partnerships with Government, Private and NGO facilities as well as coordination with all other Organizations working in this field. Ipas strived to achieve its objective through Public and Private Partnership. The public partners are Ministry of Women, Children and Social Welfare (MOWCSW) and its offices and networks throughout the Country. Nepal Government Central, Regional Health Directorate, District Public Health Officers, and Health Management Committees supporting health facilities and providers working at Sub Regional, Zonal, District, Primary Health Care, Health Post and Sub Health Post. The NGOs, Professional organizations and private partners will

be SMNF, CREHPA, NESOG, NAN, NMA, Reach Nepal, GTA, IDF, NFPWC, Medical Colleges, Nursing Homes, Clinics, and private health service providers.

A Project Advisory Committee (PAC) formed at central and at district level DPAC is not formed and Ipas works through RHCC meeting. One time PAC meeting per year was organized at central level during mid-term period and suggestions and feedback were sought for smooth and effective implementation of project. The PAC will comprise representatives from the organizations mentioned below:

- a. Ministry of Women and Social Welfare;
- b. National Planning Commission
- c. Ministry of Health and Population
- d. Family Health Division
- e. Ministry of Local Development
- f. Ministry of Law and Justice
- g. Social Welfare Council
- h. Ipas Nepal

Ipas is working with D/PHO through Reproductive Health Coordination Committee (RHCC) in district level. Ipas partners support and participate in RHCC meeting. *Though DDC is mentioned as active member of RHCC, but evaluation team observed that DDC is not participating in RHCC meeting and not aware of Ipas Nepal project.*

2.3.3 Monitoring and evaluation of the project

The monitoring of the Safe Abortion program is carried out in close coordination of FHD, NHTC, RHD and D/PHO. Ipas central level staff and Regional coordinators jointly organize monitoring visit to CAC/MA training centres and service sites with FHD, NHTC and D/PHO. At district level mainly Public Health Nurse (PHN) from D/PHO is the focal point for monitoring activities. The trained Clinical mentors especially doctors and nurses conduct monitoring and technical support visit to CAC/MA trained providers and listed sites and provide onsite coaching and follow-up.

Monthly, quarterly, biannually and annual follow-up of trained providers and listed CAC sites conducted through telephone and face-to-face interviews; site visits and reports. Monitoring and evaluation have been conducted through Health Management Information System-11 and 33 with quality improvement register maintained at each site. Research and study of client and providers perspective was conducted on MA services.

Performance evaluation of all level of trained CAC/MA and 2nd trim service providers conducted at certain intervals to ensure quality services and solve any constraints and challenges in providing services. Annual networking meeting, performance meeting are organized and all the

service providers share their progress, constraints and challenges and best solution is drawn to provide quality CAC/MA services.

As per project agreement with Social Welfare Council, two time evaluation (mid-term and final evaluation) of the project has to be conducted. The mid-term evaluation conducted at mid of the project to oversee the project progress and any deviation from the project objectives, thus to recommend timely for further improvement of the project interventions. The final evaluation will be conducted six month prior to end of the project to analyze the project progress are whether in line with project goals and objectives and see the outcomes and impact of the project.

The monitoring of the project progress was done through organized CPAC meeting and suggestions provided from CPAC members were followed but at district level DPAC has not yet formed and Ipas has used the RHCC forum as DPAC. The RHCC meeting is organized regularly in some of the district whereas in some districts, RHCC is not frequently organized. It was found that NHTC and other relevant partners from DoHS were not participated in CPAC meeting.

2.3.4 Reporting schedule of the project

The project has robust reporting system. The CAC/MA services providing sites regularly report the progress to D/PHO and compiled reports from D/PHO submitted to FHD/HMIS and Ipas central office. The feedback to services sites provided from PHN and FHD and Ipas to improve the services. Ipas at certain interval produces the compiled services records and submit to FHD, NHTC and other relevant departments of the DoHS.

Annual Health Report from DoHS reflects the services data on CAC/MA and 2nd trim abortion services provided through all listed sites. The listed trained providers and listed sites are regularly updated and submitted to FHD from Ipas. Ipas produces the quarterly, bi-annual and yearly progress reports (including programme report and audit report) and submit to FHD/NHTC and Ipas head quarter.

2.3.5 Coordination between Ipas and MoHP, FHD, NHTC, NHEICC, D/PHO, HFs and Communities

Ipas works in close coordination and collaboration of FHD, NHTC, NHEICC, LMD and HMIS, Management Division of DoHS to support National Safe Abortion Program. Ipas provides assistance for technical and financial support for Safe Abortion Program as per decision of TCIC, FHD, DoHS and as per the area of need identified. At district level, Ipas works through D/PHO and RHCC and have built good rapport with CAC service providing public, private and Local NGO's organization. Ipas has built rapport with Women Development Office that supports in dissemination of SAS message in the community. Evaluation team observed that still there are rooms to improve and strengthen coordination with FHD and other relevant divisions of DoHS and local level with line agencies.

2.5 Project progress: Target and achievements according to the Log frame in PA (July 2010-June 2015)

Table 1 RA1: Expand CAC/PAC services in the public sector

S.N	Activities	Unit	Target	Acht.	%
1	CAC training - Physicians, Nurses and MA Training for ANMs	Person	800	823	103
2	3 days CAC refresher integrated training	Person	500	200	40
3	Training follow up (CAC, MA and 2nd trim)	Times	2000	1402	70
4	Onsite clinical coaching and follow up of CAC/MA trained providers	Person	550	300	55
5	Strengthen regional/district hospital as CAC training centre	Center	5	3	60
6	Review/Update/Produce CAC and MA training package	Times	2	2	100
7	CAC Service Provider networking meeting	Times	5	2	40
8	Strengthening low performing sites	Sites	75	81	108
9	Districts orientation on safe abortion services	Persons	750	630	84
10	Whole site orientation/review with PHCCs, HPs and SHPs on SAS	Persons	1500	1608	107
11	Technical support to HMIS(regional meeting); GIS mapping of SAS in coordination with HMIS	Times	5	5	100
12	Dissemination workshop of study (MH and MSI findings on abortion clients) to strengthen FP services.	Times	1	1	100
13	Study on assessing the impact of counselling on method selection and contraceptives uptakes with the support from WHO	Times	2	2	100
14	Listing provider(Public and Private)	Persons	880	654	74
15	Listing sites (Public and Private)	Sites	200	157	79
16	Publish listed sites in Newspaper	Times	5	2	40

Table 2: Expand CAC/PAC in the private sector

S.N	Activities	Unit	Target	Acht.	%
1	CAC Integrated Training for (community/non-profit oriented) Service Providers	Persons	50	30	60
2	Provide onsite technical support to private sites	Sites	50	30	60
3	Identify/select and strengthen one new private training site	Sites	1	1	100

Table 3: RA2: Expand access to medication abortion (Med. Abortion) services

S.N.	Activities	Unit	Target	Acht.	%
1	Update/translate/integrate package for SBA trained MA only providers	Persons	2	2	100
2	MA TOT for new SBA trainers (Nurses)	Persons	110	101	92
3	Develop three days MA supportive supervision guideline and orient PHNs	Persons	31	21	68
4	Develop capacity of Nurses (CAC Providers) in monitoring MA trained SBAs working at PHCCs/HPs	Persons	138	70	51
5	Orientation on SAS WDO (Women Development Officer) and field supervisors from districts	Persons	140	140	100
6	Need Assessment of PHCCs and HPs	Sites	245	229	93
7	MA sites strengthening	Sites	245	229	93
8	End line assessment of HPs/PHCCs posts in providing quality MA service	Sites	245	280	114
9	Annual networking meeting of MA providers from PHCCs and HPs	Persons	482	458	95
10	Dissemination workshop of performance of PHCCs/HPs in providing MA services	Event	5	2	40
11	Meeting with RHCC members	Persons	2500	1500	60

Table 4: RA3: Improve 2nd trimester abortion services

S.N.	Activities	Unit	Target	Acht.	%
1	2 nd trim site assessment and VC workshop	Persons	40	40	100
2	2nd trim training for Ob and gyn/MDGP	Persons	40	55	137.5
3	Data collection of 2 nd trim providers	Times	5	3	60
4	Follow-up 2 nd trim providers at 6 wks post training	Times	104	88	85
5	Annual conference of 2 nd trim trained providers	Times	5	2	40
6	Ensure 2nd Trim instrument supply, 2 sets in each sites (Government)	Sets	52	28	54
7	Follow and document the process of adverse events and performance of 2 nd trim trained providers in all 2 nd trim sites	Cases	50	37	74
8	Orientation to Nurses on assisting 2 nd trim providers	Persons	60	30	50

Table 5: Strategy: 2.1 Increase women's knowledge about SRH and abortion

S.N	Activities	Unit	Target	Acht.	%
1	Train and review FCHVs from 25 districts	Persons	11326	13078	115
2	Review and update FCHVs training curriculum	Times	1	1	100
3	Production of SAS Flip chart for counselor	Pcs	1300	900	69
4	Production of SAS Flip chart, bags. Key rings for FCHVs	Pcs	11326	13078	115
5	Production of MA Leaflets (community)	Pcs	100000	800000	80
6	SAS wall paintings	Sites	245	229	93
7	Production of CAC logo	Pcs	3000	2000	67
8	Work with WDO at MOWCSW to orient FS	person	270	320	119
9	Conduct ToT for WDO in 25 districts	Persons	100	100	100
10	Revised/air radio program in 3 local dialects from local FM	Stations	50	75	150

Table 6: Strategy: 3.1 Policies/ research/ studies

S.N.	Activities	Unit	Target	Acht.	%
3.101	Develop SAS including FP implementation guideline	Times	1	1	100
3.102	Integration of MA into the SBA curriculum	Times	1	1	100
3.103	Integration of early pregnancy detection and referral content into national FCHV training	Times	1	1	100
3.104	Conduct CEIs of women who accessed MA services from ANMs in <u>1</u> district and report on lessons learned	Times	1	1	100
3.105	Conduct routine quarterly monitoring to track by age the number of women receiving MA services and % receiving post abortion contraceptives at project sites served by ANMs	Times	1	1	100
3.106	Document the model for training primary-care providers in minimum basic skills for MA	Times	1	1	100
3.107	Document and disseminate results of training and mentoring ANMs to provide MA	Times	1	1	100
3.108	Analyze and document MA-only model for lessons learned	Times	1	1	100
3.109	Collect annual performance information for <u>466</u> FCHVs at annual review meeting from <u>1</u> sample district	Times	1398	932	67
3.11	Conduct a feasibility study on the appropriateness of Misoprostol for treatment of incomplete abortion		1	1	100
3.11	Develop/implement strategy to monitor adverse event post CAC		4	2	50
3.12	Integrated youth content into national CAC curriculum	Conducted extra than target			

Chapter III

Financial analysis programs/projects

3.1 Introduction: Administrative and Financial Section

As per the general and project agreement signed with the Social Welfare Council (SWC) we have conducted the financial evaluation of National Safe Abortion Program of Ipas Nepal for the period of July 2010 to June 2015. The administrative and financial findings and their analysis are presented in this section accordingly. This section mainly focuses on the financial findings of the administration and program activities of Ipas Nepal and its partner organizations. In addition, it also enlightens about the fund utilization by Ipas Nepal and its partner organizations. The evaluation team observed and verified the findings with the concerned stakeholders.

The financial rules, regulation and practices of the organizations, the administrative issues, and completion of the legal obligations, record keeping in the offices and their dissemination to the concerned stakeholders were observed and analyzed as a part of the evaluation study. The financial evaluation of Ipas Nepal is based on efficiency of the project and its cost effectiveness and as per the general scope of work.

3.2 Objectives and Scope of Financial Evaluation

The following are the specific objectives of the financial evaluation:

1. To assess the cost efficiency of the projects
2. To check the compliance with general and project agreements
3. To examine the compliance with tax laws
4. To review fixed assets records and physical verification
5. To evaluate the internal control system
6. To examine the financial reporting framework
7. To review the budgeting procedure

3.3 Source of Information

The major source of financial report based on the information provided to us by the management of Ipas Nepal, management of the beneficiaries and the concerned government officials. The team prepared some specific questions related to financial aspects and obtained valuable information in response to specific questions and from the financial report of Ipas Nepal. The team was able to collect the financial information as per the guideline mentioned in TOR. Audit reports were reviewed and held discussions with different stakeholders for the purpose of evaluation.

3.4 Efficiency of the Project and Cost Effectiveness

The evaluation team reviewed the standards of cost both for program and administration as well as focused on actual part that Ipas Nepal has implemented during the project. The evaluation team visited and discussed with various Ipas Nepal staffs, Local NGO's, District Public Health Officers, Female Community Health Volunteers, service providers, trainers and clients of different areas located at eastern, central and western part of Nepal as a part of survey. Ipas Nepal has contributed to increase women's ability to exercise their sexual and reproductive rights, and to reduce abortion-related deaths and injuries.

The evaluation team reviewed the actual standards of health care programs, community based services and trainings conducted by Ipas Nepal. The organization had done effective programs and trainings as well as promoted community participation of the project districts.

3.5 Identification of areas of cost reduction

As per our assessment, it was found that Ipas Nepal has implemented cost-effective programs and provides technical support to FHD/TCIC to ensure the quality of the Comprehensive Abortion Care provided by all listed CAC sites (government, NGO's and private). The allocation of cost in program and services was good and fair and was not possible to reduce any type of cost in any part. There is no any alternative area to reduce the cost. As per our study, the available amount has not been misused.

Economy in Procurement of Goods and Services

Talking about procurement policy of Ipas Nepal, purchase requisition will be fill up by program manager and purchase orders should be completed by the Finance and Administrative unit, the Country Director and Finance and Administrative Manager is responsible for the approval of purchase orders and verification. All the disbursement should be covered by an approved budget. Cash payment of more than NRs 7,000 should be made through the banking payment. Ipas Nepal has policy of obtaining at least three quotations for the procurement above USD200. Tendering process: quotations need to be invited from the suppliers while fixing the rates of different commodities having the value more than NRs. 16,000.00

When seeking to reduce its expenditures on goods and services Ipas Nepal never focus in low quality and the management has the practice of verifying price and quality. Adequate attention is given to ensure the quality of goods. Goods and services are acquired directly whenever required or single supplier. Our overall observation concluded that best efforts are put to get the goods and services at minimum possible price.

During the evaluation assessment period the team were able to get adequate information regarding the utilization of budgets and has found that they provided committed level of support to implement Comprehensive Abortion Care Service across Nepal through partnerships with Government, private and NGO'S facilities as well as coordination with all other organizations working in this field.

3.6 Compliance with General Agreement and Project Agreements

The reported financing system and project progress related that Ipas Nepal and the "National Safe Abortion Program" have maintained fairly good level of compliance with the norms of Project Agreement. Ipas Nepal has agreed total budget of USD 3,520,653 for the project "National Safe Abortion Program" with SWC for the period of five year (July 2010 to June 2015).

3.7 Compliance with Tax Laws

Ipas Nepal has been registered in IRD office Kathmandu Lazimpat. PAN of Ipas is 302786741. It was found that Ipas Nepal has deducted required tax at source as per the income Tax Act 2058. It was cleared during our field visit that they paid tax such as in payment of house rent, consultancy fees, staff salary, purchases of goods and services etc.

The tax and tax obligation are timely cleared and deposited in concern Inland Revenue office. In addition, tax registration and return filing has maintained in stimulated time frame. It may be concluded that Ipas Nepal has fully complied with tax laws and regulations by obtaining PAN and submitting tax returns to Tax Authorities.

3.8 Fixed Assets Records and Physical Verification

Physical verification of the assets is the responsibility of the management and they need to ensure that it is carried out at appropriate intervals in order to ensure assets are in existence. Ipas Nepal commodities both purchased and donated is recorded as inventory in the accounting records. Ipas Nepal has maintained fixed assets register and above USD5,000 value will be shown in balance sheet and has record all fixed assets whose useful life is more than one year.

The evaluation team examined that physical verification was done once in a year and found the evidence on purchase of fixed assets and books recorded in separate books of account as per the accounting principle. Fixed Assets are charged to the cost of program at the time they are purchased. Assets are 100 percent depreciated and charge as expenses at the time of purchase which need to be reformed in line with the national and international accounting standards and practices. Auditor report of the projects also assured the physical verification of these inventories from time to time to ensure the physical existence of the fixed assets with the books record. The lists of fixed assets are given in annexes (See Annexes).

3.9 Internal Control System

3.9.1 Rules and by-laws

Ipas Nepal is directed and controlled by the Ipas, USA. There is financial policy and procurement mechanism in place to maintain transparency and fairness. There were bye laws regarding the financial activities, procurement etc as they have detailed accounting manual and financial transactions.

3.9.2 AGM and Board Meeting PAC and PMC Meetings

National review meeting and PAC meeting were held in time and regular interval. A Central Project Advisory Committee (CPAC) conducts meeting every year for smooth and effective implementation of project. The PAC comprises of representatives from the organizations of Ipas Nepal, Ministry of Health and Population, Department of Health Service, FHD, Ministry of Women, Child and Social Welfare, National Planning Commission, Ministry of Local Development, Ministry of Law and Justice and Social Welfare Council. This committee met once in a year in order to review of progress and to make effective planning for upcoming programs.

Ipas Nepal has conduct senior staff meetings on need basis or in every 15 days to review the plans and program; to discuss operation related issues; to monitor progress; and take actions/decisions accordingly. In addition, Ipas Nepal has also conduct staff meeting at least once in a month for smooth operation of the organizations and to know how of related activities.

Ipas Nepal is working closely with Nepal Government health system and channelizing its program through Government system. Ipas is working with D/PHO through Reproductive Health Coordination Committee (RHCC) in district level. Ipas Nepal programs and activities were included in the agenda of all RHCC meeting which is conducted quarterly.

There was no DPAC meeting of Ipas Nepal to review the progress. We recommend Ipas Nepal to organize DPAC meeting in order to know the progress level of program in regular interval and make easier to coordinate with other agencies and program in the districts. Besides this, Ipas Nepal has maintained close coordination with all relevant government agencies and non-government institutions. The project is implementing in close coordination with public (DHO's, DPHO's Regional Head quarters) and private partners at different level. Monthly reporting and meeting with DPHO in order to review the progress level of program.

3.9.3 Delegation of authorities and responsibilities

Program Managers are authorized to expend activity budget. Program manager should submit their monthly activities with budget in monthly staff meeting. Once CD and NPM will review and approved budget program manager are authorized and responsible for their budget.

3.9.4 Banking Arrangements

Ipas Nepal has maintained bank account with Nabil Bank Ltd. The detail of the bank account is given below:

Name and Address of the Bank: Nabil Bank Ltd.

BeenaMarg, DarbarMarg, Kathmandu

Account Number: A/C No. 0201017503223

Account Name: Ipas Nepal

3.10 Financial Reporting Framework

3.10.1 Accounting System of Ipas Nepal

Ipas Nepal and its partner organizations are following double entry accounting system. They have detailed accounting manual and financial documents. They record and kept all the financial transactions properly. They conduct activities/services as per the policy they maintained. Ipas Nepal has maintained all the records such as an accounting of donations received; expenses account, bank book and cash book in order to present proper information to management or concern party to justify the transparency and fairness of accounting system. The financial reports are produced in standard format and it covers the overall financial matters of each area of works.

Annual audit of the financial transactions shall be carried out by an independent chartered accountant firm registered with the Institute of Chartered Accountant of Nepal. All financial matters are disclosed in Financial Statements (Audit Reports). Financial statement prepared by the auditor reveals all the necessary fundamentals financial information as expected and prescribed by the Nepal Accounting Standards. Same accounting practice can be observed in the partners' level as well.

3.10.2 Reporting system

Ipas Nepal has submitted an annual report to FHD/DoHS, and quarterly basis report. Once annually, a report of project implementation and activities has submitted to the Social Welfare Council/VDC's/DDC's and concerned agencies. Ipas Nepal has prepared monthly progress report, financial, inventory, fixed assets reports etc and also prepared other reports as required by the concerned donors.

3.10.3 Uniformity and Disclosure in reports

Financial report covers the cost to date for each area of works. All financial matters are disclosed in Financial Statements (Audit Reports). Ipas Nepal discloses all types of information as per the requirement and it applies the principle of uniformity while preparing the reports. Physical verification of the fixed assets and inventory reports disclose the physical count of all types of inventory and fixed assets with discrepancies and their adjustment, if any. Financial statements are prepared where financial disclosures policies are consistently followed.

3.10.4 Governance of Ipas Nepal

It has developed required financial policy, procurement policy, advance policy etc. As per our understanding from the field visit and from audit reports, Ipas Nepal financial governance is satisfactory in all financial matters including compliance with the local laws. Overall, the evaluation team has identified a good governance of Ipas Nepal.

3.11 Review the Budgeting Procedure

Estimated Budget as per the Agreement

	Y-1	Y-2	Y-3	Y-4	Y-5	Total Budget Y1-Y5
Administrative Budget	107910	109815	109874	112812	115897	556308
Program Budget	585528	575985	583917	605986	612930	2964346
Total Budget in USD	693438	685800	693790	718798	728827	3520653
Total in NPR	50620977	50063399	50646676	52472222	53204381	257007655

Estimated Administrative and Program Ratio

	Y-1	Y-2	Y-3	Y-4	Y-5	Project Total Ratio
Administrative Ratio	15.56	16.01	15.84	15.69	15.9	15.8
Program Ratio	84.44	83.99	84.16	84.31	84.1	84.2
Total Ratio	100	100	100	100	100	100

Table 1: Estimated budget and ratio of Admin and Program

The above table shows the Administration and Management Cost and Program Cost of five Year project i.e. "National Safe Abortion Program" of Ipas Nepal. As per the agreement, the total budget of "National Safe Abortion Program" was USD3520653 where program cost includes 84.2% and administration and management Cost includes 15.8% of the total budget.

Ipas Nepal Expenditure Ratio

	2010/011	%	2011/012	%	2012/13	%
					Unaudited	
Total Income	64,296,752.02		94,287,809.91		144,159,789.30	
Programmatic Expenditure	52,531,164.72	87%	87,321,631.46	88%	121,284,579.09	89%
Administrative Expenditure	8,180,178.43	13%	11,379,857.84	12%	14,740,942.00	11%
Total Expenditure	60,711,343.15	100%	98,701,489.30	100%	136,025,521.09	100%

Table 2: Ratio of Total Budget and Expenses of Ipas Nepal

The above table shows the overall financial status of Ipas Nepal till yet, for "National Safe Abortion Program" for the period of July 2010 to June 2015. The table clearly defined the budgeted amount and actual expenses in order to measure the cost effectiveness of the project. Here, the total income to total expenditure ratio of Ipas Nepal in three consecutive years was 94%, 104% and 94%. Further we have compare administrative and program overhead and found that in compare to program overhead, administrative cost is very low. The ratio of administration expenditure of Ipas is less than 15% in every year and program expenditure is almost around 90%. In addition, Ipas focus on expend more on program rather than administration as we can clearly see in above table. This shows that the program is very cost effective, and it is suggested to try to maintain such situation always.

Furthermore, sometimes the budgeted and actual expenses may become high due to the fluctuation in exchange rates and if there is an increment in the target group. If the target group becomes higher (may be because of government requirements, instructions) than estimated, then the Ipas will further demand for additional budget from head office.

Fig.1 Graph of Total Income and Total Expenditure

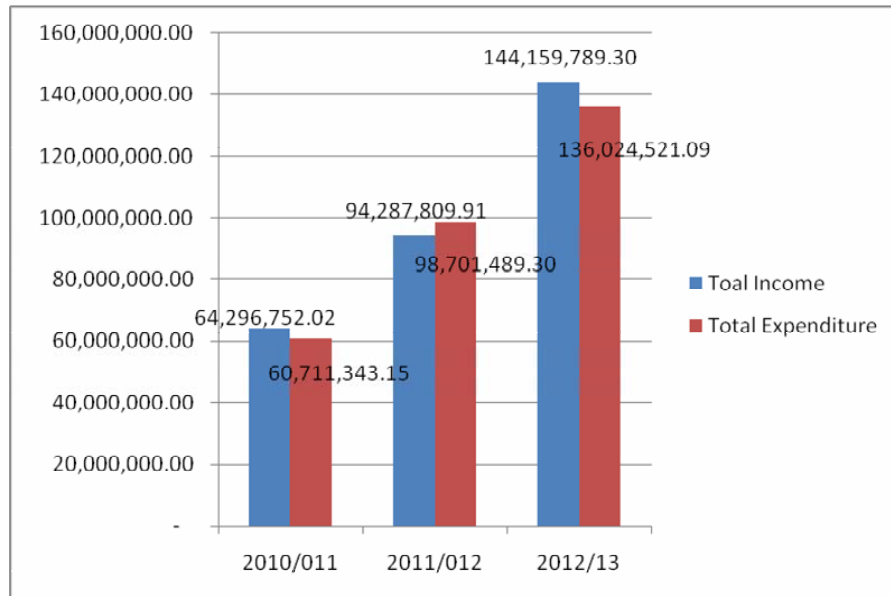
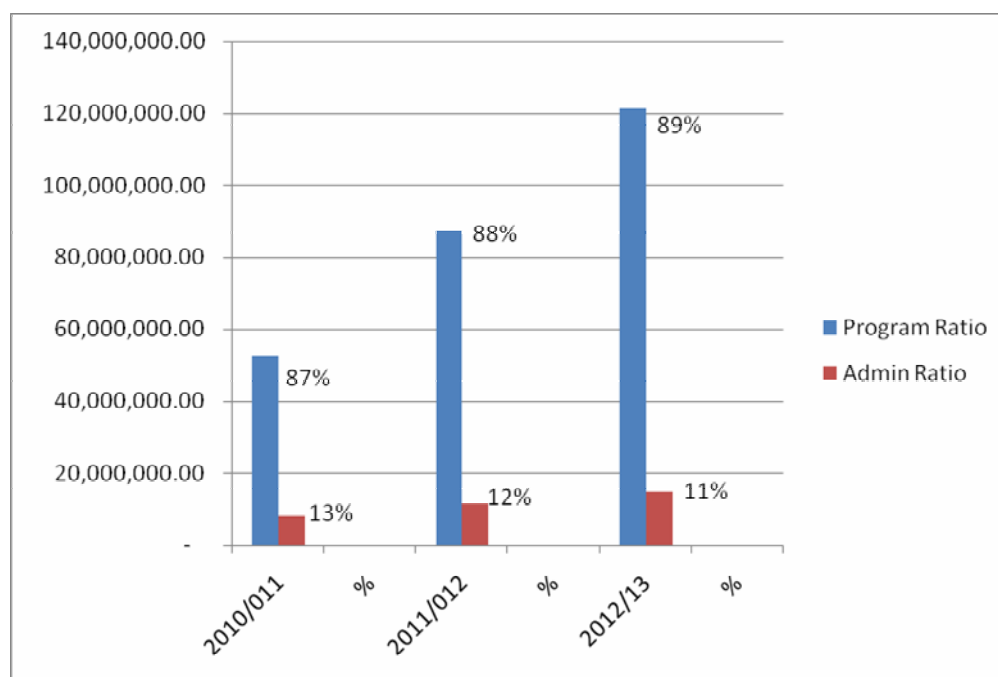


Fig.2 Program and Admin Expenditure Ratio



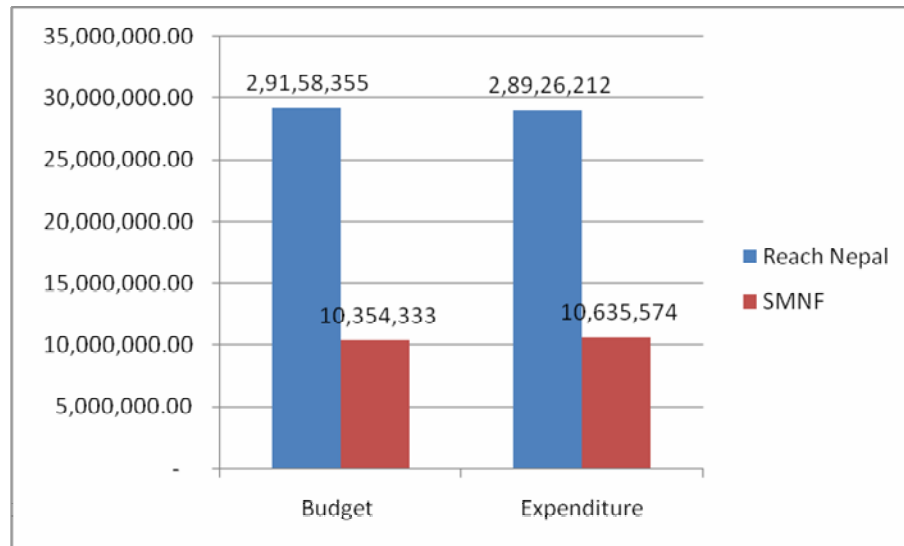
3.12 Financial Status of Partner Organizations

Partners	Budget	Expenses	Variance	Percentage (%)
Reach Nepal	2,91,58,355	2,89,26,212	232,143	99
SMNF	10,354,333	10,635,574	(281,241)	103
Total NPR	3,95,12,688	3,95,61,786	(49,098)	100

Table 3: Financial Status of Partner Organizations

Here the financial status of partner organizations of Ipas Nepal under NSAP for the period of five years. The partner NGO includes REACH and SMNF. Ipas Nepal provides funds for their partners NGO or as per the need and demand and the partners gives their contribution to achieve the target. The table shows the budget vs expenses ratios of partner NGO's including 99% of REACH and 103% of SMNF. The Ipas Nepal gives the total budget of NPR3, 95, 12,688 to their partners out of which they expenses NPR3, 95, 61,786 in a ratio of 100%.

Fig.3 Graph of Expenses of Sub Awards



3.13 Conclusion and Recommendations

Efficiency of the Projects/Cost Effectiveness

It was found that Ipas has increased the efficiency and effectiveness of the healthcare system incorporating private sector. Ipas Nepal has implemented cost-effective programs and provides comprehensive abortion care services.

Economy in Procurement of Goods and Services

Adequate attention is given for managing procurement of goods and services and to ensure concept of propriety on such procurement. Our overall observation concluded that best efforts are put to get the goods and services at minimum possible price.

Compliance with General Agreements/Project Agreements

Ipas Nepal has maintained fairly good level of compliance with the norms of Project Agreement.

Compliance with Tax Laws

It may be concluded that Ipas has fully complied with tax laws and regulations by obtaining PAN and submitting tax returns to Tax Authorities.

Fixed Assets Records and Physical Verification

Ipas Nepal has maintained fixed assets register and above USD5,000 value will be shown in balance sheet and has record all fixed assets whose useful life is more than one year. Physical verification of the assets was done twice in a year. Assets are 100 percent depreciated and charge as expenses at the time of purchase

Internal Control System

The corporate cost reduction modalities and internal control mechanism is in practice. There is no separate unit of internal audit to rectify the accounting errors.

Financial policy and procurement mechanism are in place to maintain transparency and fairness.

PAC and staff meeting were held in time and regular interval.

In regard of chosen of Districts/VDC's, it is suggested that Ipas should extend their services in remote districts in order to cover wider range of women's who really need of abortion care services and overall development for its future plans and projects.

There is no DPAC meeting of Ipas Nepal to review the progress. We recommend Ipas Nepal to organize DPAC meeting in order to know the progress level of program in regular interval and make easier to coordinate with other agencies and program in the districts.

Financial Reporting Framework

Ipas Nepal and its partner organizations are following Double entry accounting system. Ipas-Nepal has maintained all the records such as an accounting of donations received; expenses account, bank book and cash book in order to present proper information to management or concern party to justify the transparency and fairness of accounting system. Financial statement prepared by the auditor reveals all the necessary fundamentals financial information as expected and prescribed by the Nepal Accounting Standards. Uniformity in reporting can be seen. Financial rules and administration were made public.

Chapter-IV

Analysis and Evaluation

4.1 Summary of project achievements

The aim of the project support to Safe Abortion Program was to advance women's sexual and reproductive health and rights with specific objectives to obtain comprehensive abortion care and prevent unwanted pregnancy by promoting the modern contraceptive methods. Ipas assistance was provided for 21 district for MA and 75 districts for CAC services. The major result wise achievements of the project till mid-term evaluation period are as below:

Expand CAC/PAC services in public and private sector

Ipas provided financial and technical assistance to support National Safe Abortion Program in coordination and collaboration of FHD, NHTC, NHEICC, LMD and HMIS of Management Division of DoHS. Supported in assessment of eligible trainee and sites; training on CAC/MA and 2nd trim abortion, monitoring, annual networking meeting, review meeting, and refresher training. Total of 823 doctors and nurses have been trained from 435 listed CAC sites of the 75 districts in public-private and NGOs. These trained human resources are provided technical and follow up support from trained clinical mentors in coordination of respective district D/PHO and FHD and NHTC. 823 service providers (103%) and 435 sites were listed from private-public health facilities. Total of 1, 77,774 clients were served through 435 CAC/PAC centres (all the listed providers and sites might not have reported to HMIS).

Expand access to medical abortion (Med. Ab) services

With the financial and technical support of Ipas, 371 ANMs have been trained from 229 facilities were trained on MA. Total number of MA provided 12,999 (July 2011 – Dec 2012) and post abortion contraceptive use for long term method was 7% and for short-term method was 77%, whereas only post MA complications observed as 5 (0.01%)⁴

End line assessment in 280 sites, providers' performance and CEIs were conducted during project period. Almost all clients reported being very satisfied (79%) or mostly satisfied (19%) with their CAC care. Annual networking meeting of MA providers from PHCCs/HPs with the objective to review progress, share challenges and constraints and plan accordingly. 70 CAC providers trained for monitoring the MA providers and support and supported RHCC meeting

Assessment of 21 second trim site was conducted and established and 55 Obs and Gyn/MDGP doctors were trained on 2nd trim abortion services and 85% of set times were followed up. 264 women received 2nd trim abortion services from 21 sites by 30 June 2012. An average of six second-trimester clients were served per month, per site.

⁴ HMIS/DoHS, (July 2011 – DEC 2012)

Increase women's knowledge about SRH and abortion

In order to increase community awareness and access to safe abortion services, 13078 FCHVs from 25 districts were provided training on early detection and referral. Air radio drama and spot ad was developed and produced on Radio covering across the country. Various IEC/BCC message materials developed and distributed in the community to enhance the community awareness and behavior change towards SAS. More than 500 WDO supervisors from 21 districts were oriented on SAS and message communicated to women group through WDO network to increase awareness and access to SAS.

Support in Safe Abortion policy/guideline

Different policy/guideline/strategy, exit survey, feasibility study and dissemination workshop were completed with financial and technical support from Ipas. The guideline mainly integration of MA into SBA curriculum, early pregnancy detection and referral content into national FCHV training and National Safe abortion implementation guide-2011, CEIs to assess MA services were developed in support of Ipas. Documentation and dissemination of Performance information of FCHVs and results of training and mentoring ANMs to provide MA were accomplished.

4.2: Relevance/appropriateness

High Maternal Mortality Ratio (MMR) remains one of the biggest public health problems in Nepal. One of the major contributors to the high mortality rate in developing Nations like Nepal is unsafe abortions. A number of Researches have revealed that safe abortions can contribute in meeting the Millennium Development Goals (MDG 5) by 2015. Abortion law was legalized in Nepal on 27 September, 2002 (MoHP 2004). The legalization of abortion helped to reduce the MMR as well as Neonatal Mortality Rate (NMR) in Nepal. From 539 per 100,000 live births in 1996 the MMR decreased significantly to 281 in 2006 (NDHS, 2006).

Training Doctors/ Nurses and Auxiliary Nurse Midwives (ANMs) to provide CAC/MA is the best strategy for expanding safe abortion care to poor, underserved women in inaccessible areas of Nepal. In this regard, the project has contributed to improve maternal health and reduce maternal and neo-natal mortality through safe abortion services throughout the Country assisting government of Nepal in progressing towards MDG 3 & 4. Thus the project is relevant to current contexts of Nepal and the approach designed and implemented was consistent with the objectives of the project.

4.3 Effectiveness

The project is effective in terms of achieving the objectives till the mid-term evaluation period and most of the activities have been in progress and successfully achieved. The project "Support to Safe Abortion Program" works closely with Family Health Division to improve the health status of the women by providing capacity building training to medical doctors and nursing professional

on CAC/MA services. The Safe Abortion Program has contributed in reducing the illegal abortion and death from it (539 of 1996 to 281 of 2006, Source, NDHS 2006), thus improved maternal health.

The technical monitoring and supervision from FHD and Ipas and performance based evaluation system has improved the quality and effectiveness of CAC/MA services from all listed CAC sites. Thus, the project “Support to Safe Abortion Program” has made a significant contribution towards improving maternal health. The community mobilization component has improved the knowledge and understanding on safe abortion services and access to listed trained providers and sites. Definitely, the project has benefitted marginalized and remote women through enhanced knowledge and access to safe abortion services.

4.4 Efficiency

The quantitative cost-effective analysis of the project was beyond the scope of this evaluation study. However, it was found that the project has progress towards project results in low investment of financial and human resources. Ipas do not have its own program and supports government program and works through government health system leads to efficient approach.

The training and other activities of the project are conducted within the structure of MoHP, which minimizes the cost and ensure the ownership from MoHP health professional. Cost effective approach was adopted wherever possible by supplying SAS commodities through logistic management division of DoHS. Ipas has strived for cost-effectiveness in designing and implementing the project. Around 87% of the total budget was allocated for program cost.

4.5 Sustainability

Safe Abortion Program is one of the priority programs of FHD, DoHS and the program will be continued. Currently safe abortion services are self sustainable by running revolving cost by most of the SAS providing sites. The listed CAC sites take normally 1000 NRs for providing MVA services per case and thus create a revolving fund to sustain the services.

Safe Abortion Program has major contribution achieving MDG 5 by reducing maternal death due to complications of illegal abortion. The MA providing listed site charge 500 NRs for each case and used the money for revolving fund that contributes in continuation of the SAS in the remote PHCCs/HPs. The infrastructure developed for SAS, trained human resources and community awareness and demand generation contributes towards sustainability of the Program.

Chapter-V

Challenges, Conclusions and Recommendations

5.1 Challenges

- Access of SAS in the remote areas
- Factors affecting post abortion modern long term contraceptive methods
- Sustainable supply of MA drugs
- Affordability
- Frequently transfer of employees
- Political instability
- Control of illegal abortion from private non-listed CAC sites.
- Establishment of mechanism in place to control the medical abortion from private medical stores
- Integration of long-term FP methods in to SAS to prevent unwanted pregnancy and repetition of cases for SAS.

5.2 Conclusions

Maternal Mortality Ratio (MMR) is one of the major public health problems in Nepal and unsafe abortion remains major contributor to high MMR. Thus, there is urgent need to address this issue through provision and access of safe abortion services in meeting the MDG Goals (MDG5) by 2015. Since the Abortion law was legalized in Nepal on 27 September, 2002 (MoHP 2004) has contributed in reducing MMR as well as Neonatal Mortality Rate (NMR) in Nepal (from 539 per 100,000 live births in 1996 the MMR decreased significantly to 281 in 2006 (NDHS, 2006).

Training Doctors/ Nurses and Auxiliary Nurse Midwives (ANMs) to provide CAC/MA is the best strategy for expanding safe abortion care to poor, underserved women in inaccessible areas of Nepal. In this regard, the project has contributed through providing training to doctors, nurses on CAC/MA and 2nd trim abortion and listing the sites. Large number of abortion services is provided from trained personnel leading to reduced illegal abortions in efficient way. The community awareness and behaviour changed through community interventions have increased knowledge on legalization of abortion and access to listed sites.

5.3 Recommendations

- There is need to strengthen joint planning and coordination with Family Health Division, National Health Training Centre and other relevant departments of Department of Health Services and district line agencies
- The project agreement should be shared with FHD, NHTC and other relevant department of Health services, DDC and D/PHO of implemented districts
- The project implementation through local NGOs/community based organizations and D/PHO should be continued for community ownership and sustainability of SAS
- The post-abortion family counselling and use of long-term contraceptive methods should be scaled up with high priority of the program and lobby to MoHP for availability of FP methods in all listed CAC sites.
- Technical monitoring and supervision from D/PHO, FHD, NHTC and other concerned stakeholders needs to be scaled up to ensure the quality of CAC services.
- Community awareness program must be strengthened on legalization of safe abortion services and, increase access of women to listed SAS sites
- There is need to expand SAS abortion services especially CAC in PHCCs and MA in PHCC/HP in hilly and mountainous district where still is a major problem to reach the underprivileged and unreached community.
- The program including budget should be submitted to DDC for approval from DDC Council and strengthen coordination and collaboration
- There is urgent need to address haphazard selling of MA drugs from private non-listed medical stores which leads to increased PAC cases in the hospital.
- The CPAC meeting should be organized as specified in project agreement and it should be made consensus with SWC regarding using RHCC meeting as DPAC
- Community interventions scaled up such as orientation and media program to reach adolescent boys and girls and mother's groups
- Strategy should be developed to scale up SAS from private sector which contributes to large section of health service delivery

Annex: 1 Terms of Reference

TOR issued by SWC

SOCIAL WELFARE COUNCIL (SWC)
General Scope of Work for Mid-Term Evaluation of
Support to Safe Abortion Services Project/Program

Supported by
IPAS

Ipas Nepal has been carrying out Support to Safe Abortion Services program as per the general and project agreement signed with the Social Welfare Council (SWC). This TOR is designed for evaluating the project/program as per the Project Agreement signed between/among the Social Welfare Council (SWC) and Ipas Nepal on June 09, 2011.

- 1. Name of the Project and its location:** **Ipas Nepal, Teku.**
- 2. Period of Project Effectiveness:** **July 2010 to June 2015**
- 3. Name of the Partner NGO/s and Location/s:** Technical Committee for the Implementation of Comprehensive Abortion Care (TCIC) and REACH Nepal and SMNF
- 4. Total budget of the project:** **USD 3,520,653.00**
- 5. Objectives of the Project:**
The Project agreement signed with the SWC has identified the following objectives
 1. To enhance the ability and rights of women, including young women
 - a. To obtain comprehensive abortion care and
 - b. To prevent unwanted pregnancy by promoting the modern contraceptive methods
- 6. Project components/ activities :**
 - 1.1 Expand PAC/CAC in the public and private sector
 - 1.2 Expand access to medication abortion (Med. Ab) services
 - 1.3 Improve 2nd trimester abortion services
 - 1.4 Increase women's knowledge about SRH abortion
- 7. Mid-Term Project Evaluation Objectives**
The objectives of the project evaluation are to --
 - a. explore the level of progress/changes made by the project and analyze the extent to which the achievements have supported the program goals and their objectives,
 - b. evaluate the project effectiveness -- longitudinal effect and continuity of the project activities/services as well as the scope and extent of the institutionalization of the project,
 - c. explore the cost effectiveness of the project activities,
 - d. identify the target and level of achievements as specified in the project agreement,
 - e. explore the coordination between the concerned line agencies in the project districts,
 - f. find out the income and expenditure in compliance with the project agreement and proportion of programmatic and administrative cost incurred by the project,
 - g. examine the financial regularities\disciplines in accordance with the prevailing Rules and Regulations and fix assets purchased in duty free privileges and locally, and
 - h. assess the good lessons to be replicated in other projects and aspects to be improved in the days ahead.

Based on the above said evaluation objectives, the team will categorically concentrate on the assessment of the following issues:

- Community/social/public auditing practices in the program/project areas.
- I/NGO/project's coordination mechanism with local bodies and other line agencies.
- Level of public/community participation
- The extent of social inclusion in the project implementation.
- Impact of the project in the community.
- I/NGO's partnership modality/strategy with counterpart/partner and its contribution.
- Extent of the level of up-to-date completion of the project activities.
- Inventory/assets management system of the project/programs (records, uses and condition of durable goods purchased under duty exemption) maintained by the I/NGO/s.
- Income and expenditure pattern of project/program and level of accounting transparency.
- Resource flow modality from I/NGO to partners and community.
- Internal financial control system of the project.
- Sustainability component of the project/program.
- Project's target and achievements as per the log frame stipulated under project agreement.
- Successful cases/stories of the project, which can be replicated in other areas/programs, and failure cases and the lesson to be learnt.
- Contribution, role and responsibilities of foreign representative/ expatriate/ volunteers within the project/organization (if applicable).
- Compliance with clause No. 1 of general agreement signed between SWC and INGO.
- Socio-ethical issues governing the project implementation.
- Review of findings and suggestions shown by previous monitoring and evaluation reports. (If applicable)
- Status of fix assets /equipments/ Medicines/ other goods purchased under duty free privilege; purchased date, cost value, number, its use and condition, number of people benefited by such fix assets, its impact on community and disposal procedure as well as recording system.
- Selection of partners/counterparts and its performance in implementing projects; institutional capacity, planning implementation and monitoring/ evaluation modality, SWCs' compliances (Renew, audit, election, reporting etc) .

8. The Study Team should undertake the following activities:

- Prepare a suitable strategy to work in the team.
- Share the experience of project related communities, beneficiaries, and officials of the INGO, counterpart NGO and line agencies.
- Review all the relevant documents/agreements signed with SWC, project documents, planning framework, progress reports, need assessment reports, baseline study reports, impact assessment materials and financial reports available from the I/NGO/s.
- Visit the Sampled project sites and conduct discussions, interview with the concerned stakeholders, and management about future plans and programs.
- Share the draft report with the I/NGO/s before the submission to SWC for final presentation.
- Submit the evaluation report to SWC after incorporating any suggestions after the presentation.

9. Scope and Focus

This section should identify which of the project components will be covered in the evaluation and the major issues for the evaluation to examine. These issues will normally reflect the issues in the appropriate Evaluation Framework suitably tailored to reflect the reasons for this evaluation. The evaluation will cover all aspects and activities of program for the period of July 01, 2008 to June 30, 2010. It will specifically focus on the following level (if applicable).

Strategic level

- Analysis of project's context
- Planning and documentation

- Partnership and networking

Implementation level

- Sufficiency and quality of resources mobilized
- Reporting monitoring and evaluation system
- Compliance with

Organizational level

- Effectiveness of organizational management system
- Effectiveness of program/management system

10. Methodology of Final Evaluation

The Study team will adopt the following methodologies for evaluation:

- Review of related project documents/agreements/progress reports, website information, etc.
- Key informant interviews and discussions in the office of I/NGO/s before departure to project sites.
- Focus group discussions with the user groups and individuals.
- Personal inspections of the project sites.
- Interviews with the executive office bearers of the I/NGOs after the field visits.
- Discussions with the service recipients, contact officers, related line agency officials, etc.
- Instruments:
- FGD Guidelines,
- Structured and non-structured questionnaires,
- Observation checklists,
- Evaluation forms, and so on.

In addition to the study methodology mentioned above, the study team may add and apply other methods, as it seems necessary to achieve the objectives of the evaluation.

11. Composition of the Evaluation Team

The evaluation mission will comprise of four Members as mentioned below:

1. Program Expert xxx yyy zzz, Team Leader
2. Representative from SWC, Member
3. Mr./Ms./Dr. xxx yyy zzz, Member – Financial Expert
4. Representative from Nepal government (concerned ministry) – Member

(More than one representative from the ministries can be included as per the need, nature of the projects as well as provision stipulated in the project agreement)

12. Roles and responsibilities of the team leader/members/financial expert

The Team Leader and members will be responsible for overall activities done in this evaluating mission and the members will perform their works as specified by the team leader

a. Team Leader

- coordinate and lead the team, I/NGO/s and partners
- prepare a suitable strategy for the team
- allocate the responsibilities for the team members
- gather and analyze all relevant information
- provide the framework of activities to be accomplished before the onset of the fieldwork by team
- adopt the appropriate evaluation methodology for fulfilling the evaluation objectives
- receive feedback and suggestions from team members
- write a comprehensive evaluation report
- present the draft report to SWC in consultation with INGO and update accordingly

b. Team Member

- participate actively in each step of the evaluation function
- Provide analytical written/ inputs/ suggestion/ feedback to the team leader based on the clause no. 7 of this TOR.
- (Representative member from concerned Ministry should give technical feed back / suggestion / inputs as per the nature of the project)
- accomplish the responsibilities as per the direction extended by team leader
- assist the team leader in accomplishing the evaluation objectives

c. Financial Expert

i. Assess the efficiency of the projects/cost effectiveness

- Review of set standards of cost both for program and administration
- Review of actual and comparison with standards
- Identification of areas of cost reduction
- Economy in procuring goods and service

ii. Check the compliance with general agreements/project agreements

- Actual support vs committed support
- Actual level of activity vs committed level of activity
- Expenditure in non budgeted areas, if any

iii. Compliance with Tax laws

- Tax registration and return filing
- Tax deduction at resource
- Compliance of tax laws in procurement of goods and service

iv. Fixed Assets

- Review of fixed assets records and physical verification
- Review of control system on utilization of fixed assets
- Review of Disposal of fixed assets

v. Evaluation of the internal control system

- Rules by laws
- AGM and board meetings / PAC and PMC meetings
- Delegation of authorities and responsibilities

vi. Financial reporting framework

- Periodic and annual reports preparations and submission
- Disclosure in the reports
- Uniformity in reports
- Overall Review of financial good governance

vii. Comparison of the budgets and actual with the committed project cost

- Review of budgeting procedure
- Comparison of budgets with agreed projects cost
- Comparisons of budgets with actual and variance thereon

13. Evaluation Report

The evaluation will result in the drawing-up of a report written in straightforward manner in English including executive summary that should appear at the beginning of the report. The report format appearing in annex could be helpful for team leader. A tightly drafted, to the point, and free standing Executive Summary is essential in the report. It should focus on the key issues of evaluation, outcomes of the main points of the analysis, and should clearly indicate conclusions, lessons learnt, and specific recommendations. The final evaluation report should be submitted on hard and soft copy. The draft report should be submitted to the SWC for its review and remarks. Opinions of the SWC will be incorporated in the draft report for finalization. Before the finalization of the report, there would be a post-evaluation meeting at SWC where the team leader will present the outcomes of the evaluation.

14. Evaluation Schedule

The evaluation schedule will be decided with the mutual understanding between evaluation team and I/NGO (Attach details if applicable).

15. Study Period

The total study period will be of 30 days from the date of pre evaluation meeting which will be arranged at SWC with the evaluation team, representative of I/NGO/s and SWC officials.

16. Payment Procedures

INGO deposits, agreed total remuneration for the evaluators in the name of SWC an Account Payee Cheque (with, confirmation of signature, institution seal, status of fund at bank, etc.) The SWC provides 25% of agreed amount to the evaluation team at the assignment of evaluation work and remaining 75% will be paid after the successful completion of the assignment. No full payment is made to the team unless the final report is provided to SWC along with the covering letter from the team leader. The standard tax rate as per the prevailing rules and regulations would be applied and additional 15% will be deducted from the agreed amount for the institutional development of the Council.

17. Liability

All the team members (excluding the personnel/office bearer of ministry and SWC) including the team leader will not be temporary or permanent staff of SWC, I/NGO or the partner organizations and thus, they will not fall under their terms of employment and shall not be covered for any kind of accidents compensation by ministry or SWC or I/NGO or the partner organization. Similarly, above said institutions will accept no liabilities for all kind of losses and damages that may occur during the execution of the assignment. They may not claim for any medical expenses or for any compensation for injuries or death. Regarding the personnel/office bearer of ministry and SWC they will abide by their respective institution's regulations.

18. Additional Responsibilities of the INGO/s

It will be the responsibility of the INGO to provide the following sets of documents to each team member:

- Project and general agreement
- Progress report/s
- Audit report/internal audit report
- Baseline and end line survey report
- Evaluation reports (if any)
- Internal or external evaluation report (if any)
- Other related literature or documents which are useful for evaluation.

INGO should bring their partners/ counterparts during pre and post evaluation meetings as far as possible.

Annex 2: Schedule field visit and activities carried

Date	Activities	Remarks
18/05/2013	Travel from Kathmandu to Dhangadhi Interview with Medical Superintendent, Seti Zonal Hospital Interview with SN and MO, Seti Zonal Hospital Interaction with DPHO, Kailali Observation of CAC facilities in Seti Zonal Hospital	
19/05/2013	Visit to Pahalmanpur HP, MA sites Interaction with MA provider and HP staff Interaction with FCHVs DDC, Kailali	
20/05/2013	Visit to WDO, Kailali	
26-28 May 2013	Travel from Kathmandu to Biratnagar Interview with DPHO, Mr. Navraj Suba and PHN Interaction with WDO and DDC Visit to Darbariya HP, MA service site and interaction with MA Service Provider and FGD with FCHVs Interaction with CAC service providers,, training centre at Koshi Zonal Hospital Interaction with FP clinic at Koshi Zonal Hospital Observation of MA and CAC training sites	
6-7 July 2013	Chitwan-DPHO HFs	
19 July 2013	Interaction with Director, FHD and NHTC	

Annex 3: List of key persons interviewed

Name	Designation	Remarks
Family Health Division		
Dr. Senendra Raj Upreti	Director	
National Health Training Centre		
Mr. Mahendra Prasad Shrestha	Director	
Seti Zonal Hospital		
Dr. Ganesh Bahadur Singh	Medical Superintendent	CAC trainer
Miss Manju K.C	Matron	CAC service provider
Mrs. Bhagawati Badal	Sr. ANM	MA trainer
Mrs. Sunita Khatri	SN	CAC trainer
DPHO, Kailali		
Mr. Jay Bahadur Karki	Sr. Public Health Administrator	
Mrs. Tara Tamang	Public Health Nurse	Focal Point for SAS
DDC, Kailali		
Mr. Yogendra Prasad Ojha	Social Development Officer	
WDO, Kailali		
Lalita Pandey	Supervisor	
Nrimala Rawal	Supervisor	
Mahalaxmi Pant	Supervisor	
Pahelmanpur HP, Kailali		
Kalpana Sapkota	Sr. ANM	MA Service Provider
Mr. Shyam Narayan Yadav	Sr. AHW	Incharge
Ram Prasad Chaudhari	Sr. AHW	
Horilal Chaudhari	AHW	
Phulmati Chaudhari	ANM	
Gujana Chaudhari	FCHVs	Trained
DPHO, Morang		
Mr. Nav Raj Subba	Sr. PHA and Chief DPHO	
Mrs. Anita Suba	Public Health Nurse	
WDO, Morang		
Geeta Mahat	Women Development Officer, Morang	
DDC, Morang		
Khadga Raj Rai	Planning Officer	
Laxmi Prasad Rimal	Social Development Officer	
Sitaram Upadhaya	Section Officer, NGO Desk	
Darbariya HP, Morang		
Gita Chaudhari	ANM	

Dilliram Shrestha	Sr. AHW	
FCHVs, Darbariya HP area Janaki Rajbanshi Rajkumari Rai Kalavati Rajbanshi Dayawati Sardar		
Koshi Zonal Hospital		
Geeta Pulami Koirala	Matron and Training Coordinator	
Chitwan		
Mr. Kehar Singh Godar	Sr. Public Health Administrator	
	PHN	
Ipas Nepal, Teku		
Dr. Indira Basnet	Country Director	
Mr. Deepak Bajracharya	Finance and Admin Associates	
Mrs. Meena Kumari Shrestha	HS Associates	

Annex 4: Structured semi open interview/discussion questionnaire schedule

Questionnaire for the CAC/MA Centres/ Training centre/Zonal Hospitals

1. What are the supports provided from Ipas?
2. How the quality of CAC/MA services improved because Ipas support?
3. What are the training supported from Ipas support and how many staffs trained?
4. Is there any other infrastructure or equipment supported from Ipas? Is supply regular?
5. How often refresher training organized and how Ipas supports?
6. How frequently follow up conducted for service providers? Who conducts follow up?
7. How the FP methods integrated in to CAC services? Is there availability of FP methods?
8. How much charges is taken from patients who receive CAC/MA services?
9. What is the provision for those patients who couldn't pay the charges from CAC/MA services?
10. How much in average the CAC/MA services are provided in a day/month? Is there increase of patients after support from Ipas?
11. Does the data reported to DPHO? How is the coordination with DPHO?
12. In your opinion, is the service is sustainable, what further to make it sustainable?
13. Do you feel the support is needed in future from Ipas?
14. Did you find any gaps in implementation of the project modality?
15. What do you suggest Ipas executives for betterment of the program?

Questionnaire for the D/PHO staffs

1. What are the supports extended in your district from Ipas?
2. How the Ipas support and work in line to policy of Govt. of Nepal?
3. Does CAC/MA/FP services improved? How many CAC/MA sites in your district?
4. How is the coordination and collaboration between DPHO and Ipas?
5. What is the efforts made from Ipas to improve women's knowledge on SRH and Safe abortion
6. Do you involve in coordination meeting and monitoring of CAC/MA services?
7. Does the private for profit and not-for-profit organization monitored from DPHO?
8. Do you receive the progress report from CAC/MA sites regularly?
9. As a District Public officer what do you suggest Ipas and implementing Organization?
10. In your opinion, is the service is sustainable, what further to make it sustainable.
11. In your opinion, what are the strengths, areas to improve and opportunity for Ipas project?

Questionnaire for IPAS executives and staffs

1. Brief about Ipas in Nepal and its working areas?
2. How many staff and what level of staff currently working in Ipas?
3. Currently how many CAC/MA sites are in function with Ipas support?
4. What is the working modality of Ipas? How supports MoHP Policy?
5. How the project has contributed in reducing the maternal morbidity and mortality?
6. Does CPAC/DPAC is formed and how frequently meeting is organized?
7. Did you face any constraints in implementation of the project and coordination?
8. How is the monitoring mechanism to ensure the quality CAC/MA/FP services?
9. What other supports other than training is provided by Ipas to services sites?
10. What can be done for the sustainability of the program after phasing out the project?
11. Do you have any suggestion for MoHP for improving the CAC/MA/FP services?
12. Do you have any suggestions for Social Welfare Council?

Questionnaire for the IPAS project staffs

1. How do you feel of working in the Ipas supported project?
2. How many training have you supported and to whom?
3. Did you get any training with support of Ipas?
4. How is the career development opportunity and motivation factor in Ipas?
5. What type of support and coordination exist between Ipas and concerned partners?
6. In your opinion, how the project has contributed in reducing the maternal morbidity and mortality?
7. What are the gaps or difficulties to conduct project activities and in future how it can be resolved?
8. Do you have any suggestions for Ipas and partners and Government of Nepal?

Questionnaire for the DDC/RHCC members/line agencies/WDO

1. Do you know Ipas Nepal and its interventions in your district?
2. Do you know about CAC/MA services and policy of GoN on this?
3. How is the level of coordination and collaboration between Ipas and your office?
4. Does Ipas/private Organization submit their annual program with budget in DDC council?
5. Do you receive the quarterly /annual progress report from Ipas?
6. How is the level of participation in RHCC meeting from Ipas staffs?
7. Did DPAC meeting organized and have you participate?

Focus group discussion with target beneficiaries

1. What is your perception about CAC/MA services?
2. What type of support did the community and you received from CAC/MA sites?
3. How much money do you pay for CAC/MA services? What is your opinion about the charges?
4. Did you listen the radio program on messages on safe abortion and services?

5. What is your realization regarding the need of the project?
6. Do have any suggestion to Ipas and concerned service provider centre?

Questionnaire for FCHVs

1. Have you heard of Ipas supporting the CAC/MA/FP services in your district?
2. Did you get any training from the support of Ipas on diagnosis of pregnancy and referral?
3. How the training has improved you work in the community?
4. What type of IEC materials are provided to you by Ipas?
5. Did you listen radio program on safe abortion services?
6. How is your level of coordination with the project staff
7. Do you have any suggestion to improve CAC/MA/FP services?

Observation checklist:

Well maintained CAC/MA room in the hospital:	<input type="checkbox"/>
Confidentiality maintained	<input type="checkbox"/>
Good condition of surgical equipments?	<input type="checkbox"/>
Trained CAC service provider	<input type="checkbox"/>
MVA and MA available	<input type="checkbox"/>
Availability of IEC materials(leaflets, Brochure & Posters)	<input type="checkbox"/>
Availability of Safe Abortion Logo	<input type="checkbox"/>
Availability of recording and reporting formats	<input type="checkbox"/>
Referrals records	<input type="checkbox"/>
Laboratory support	<input type="checkbox"/>
Charges of CAC/MA services displayed in Hospital	<input type="checkbox"/>
Availability of treatment protocol	<input type="checkbox"/>
Standard protocol	<input type="checkbox"/>

Annex 5: List of the staffs

Name (Last, First)	Qualification	Title	Date of Hire
Bajracharya, Deepak	B.Com., MBA, MPA	Finance & Admin Manager	01/07/2008
Bajracharya, Madhabi	BA	Program Associate	01/07/2008
Basnett, Indira	MBBS, MPH	Country Director	01/07/2008
Dangol, Deeb Shrestha	MBBS, MD(Obs. & Gyne.)	Program Manager	01/03/2011
Sharma, Sharad Kumar	PHD, Demography	Sr. R & E Associate	18/07/2011
Shah, Mukta	BE	M&E Associate	01/07/2008
Shrestha, Dirgha Raj	MPH	National Program Manager	02/01/2013
Shrestha, Meena Kumari	MPA, MA Demography, Masters in Women studies	HS Associate	01/07/2008
Shrestha, Prabesh	BBS	Finance Assistant	14/11/2008
Singh, Anuja	MBS	C Access Coordinator	01/07/2008
Gurung, Swadesh	BPH	Data Entry Assistant	01/01/2012
Kunwar, Tham Kumari	MA, Sociology	C Access Field Coordinator	15/12/2011
Bista, Tej Bahadur	MA, Sociology	C Access Field Coordinator	15/12/2011
Kayastha, Ram Sundar	MBS	Finance Coordinator	27/03/2012
Khanal, Ram Chandra	MBS	Adolescents and Youth Coordinator	01/05/2012

Annex 6: List of duty free equipments:

N/A

Annex 7: Project Advisory Committee

- a. Ministry of Women and Social Welfare
- b. National Planning Commission
- c. Ministry of Health and Population
- d. Family Health Division
- e. Ministry of Local Development
- f. Ministry of Law and Justice
- g. Social Welfare Council
- h. Ipas Nepal

Annex 8: Bibliography

- General Agreement
- Project Agreement
- Progress reports
- Presentations
- Ipas Newsletter for Safe Abortion Service
- Research Brief: Pathways to Safe Abortion in Nepal
- National Safe Abortion Policy 2002
- MA Strategy and Operational guideline 2009
- Internal Audit report, Ipas Nepal
- Internet and Email

Annex 9: Pictures



Female Community Health
Volunteers Orientation in
Kanchanpur



Message on Safe Abortion
Services displayed at
Kanchanpur DPHO



Clinical Mentor coaching to trained Service Providers



Participants of yearly review meeting on Safe Abortion Services