

Project SAFUL

The primary aim of the project was to increase accessibility of medical abortion services within the public health system of ten districts of Rajasthan, thereby decreasing the maternal mortality rate in the state.

The program takes into account the socio-economic & psychological barriers viz. Confidentiality, consent procedures and over medicalization which the young rural women face in the event of abortion whether optional or compulsory due to medical emergencies.

As part of the project **two-prong strategy** was adopted:

- To increase the access to medical abortion services in the public health systems that included ten districts of Rajasthan.
- Conducting the research studies to test the implementation of simplified medical abortion at both the state & the national levels.

Under the first strategic move, two training programs were organized in which 62 providers (32 doctors & 30 senior nurse midwives) took part from ten districts of Rajasthan. They were trained on recent updates on abortion including the legal issues, techniques and simplified procedures.

The training resulted into enhanced understanding of medical abortion, breaking the myths of medical abortion not being a safe option. In addition to that, issues related to manual vacuum aspiration got clarified making the trainees confident of using MVA instead of D & C where the women are not eligible for medical abortion.

Meetings were held with the state officials for introducing supplies of medical abortion pills like mifepristone and misoprostol in the list of free drugs.

Under the second strategic move, a research trial was conducted and it led to the following findings:

1. Number of visits to clinic needs to be reduced.
2. Assessing the efficacy, safety and acceptability in the light of reduced number of visits.
3. Encouraging women to self-use the misoprostol and to self-assess the outcome instead of taking the pills under medical supervision at the clinic.
4. Total of **31** women were recruited in **6 clinics** and randomized into **two groups** namely **Self-Assessment & Clinic Follow Up (FU)** group.
5. Results confirmed that the Self-Assessment achieved the same level of efficacy, safety and acceptability as the Clinic FU group.

Further qualitative interviews with the women participating in the trial on simplified medical abortion revealed the following conclusions:

1. Medical abortion is highly acceptable in both the rural and the urban populace.
2. Use of misoprostol at home afforded confidentiality, lesser disruption in the discharge of daily duties at home including taking care of children.
3. Majority of women under Self-Assessment group were able to interpret the low-sensitivity pregnancy test on their own. Barring a few women, most women were able to ascertain the completion of their abortion process while a few required reassurance through the LSUP test.
4. Ability to self-assess successful termination of pregnancy is a major advantage for women located in the remote areas and those who cannot afford the cost of repeated travel to a clinic and expenses thereof and the time out of their daily schedule.