ENHANCING WOMEN RIGHTS TO SAFE ABORTION AND CARE IN MANIPUR, INDIA

About the project:

In the fifth round of the National Family Health Survey (NFHS-5)—the most comprehensive data on reproductive health and family welfare—23 percent of women reported getting married before the age of 18. The picture is grimmer in the Northeast with 40.1 percent of women in Tripura and 31.8 percent in Assam reporting that they got married before the age of 18. Manipur reported an increase in child marriage from 13.7 percent in 2015-16 to 16.3 percent in 2019-21. The incidence of unsafe abortion in Manipur remains unacceptably high, 24 percent of last pregnancies in the five years ended in termination or foetal. Abortion is the most commonly reported type of foetal wastage, accounting for 12 percent of all pregnancies, besides a need for contraceptive services, the need for safe abortion care remains a priority in the State of Manipur. The purpose project will demonstrate to ensure safe abortion as a basic component of women's reproductive health and rights by enhancing the accessible quality services and increasing the demand of women and society for safe and respectful care. It will also enhance the practicality of services through four “Safe Abortion and Respectful Care Centre”, within 8-10 months of the implementation of Project with a Standard Operating Procedure (SOP) for safe abortion practices with defined services packages.

The incidence of unsafe abortion in Manipur remains unacceptably high, 24 percent of last pregnancies in the five years ended in termination or foetal. Abortion is the most commonly reported type of foetal wastage, accounting for 12 percent of all pregnancies, besides a need for contraceptive services, the need for safe abortion care remains a priority in the State of Manipur. The two main reasons for seeking abortion reported by women were unplanned/unintended pregnancy (49%) and complications in pregnancy (6%). In Manipur, the most common methods used for performing abortions were medicines (51%), manual vacuum aspiration (MVA) (23%), and other surgical methods (25%). The largest percentage (41%) of abortions were performed in the private health sector and 33 percent were performed in the public health sector. Nine percent of women reporting an abortion reported having complications from the abortion. The Supreme Court 2022 judgement to include women irrespective of their marital status under the MTP act, which allows them to terminate pregnancies up to 24 weeks reaffirm India’s commitment to treat safe and legal abortion as every woman’s constitutional right. However, Anecdotal evidences suggests, stigma around abortion as a stronger barrier to safe abortion care than the legal and political context, generally based on social and gender perceptions, underscored by cultural and religious norms.

Expected outcomes:

The proposed project will contribute the following changes in ensure access to safe abortion and care:

1. Evidence on the current abortion practices at government and non-government facilities, through a situation assessment are generated and a baseline is established within the first month of the implementation.
2. Demonstrate four “Safe abortion and respectful care centre”, within 8-10 months of the implementation of Project.

3. Establish a pool of Medical Officers, ANMs, ASHAs trainers on safe abortion and respectful care, including other field functionaries to facilitate capacity building and supportive supervision at priority sites (identified high load centres)
4. A Standard Operating Procedure (SOP) for safe abortion practices with defined services package for safe abortion and respectful care, within 8 months of implementation, is developed to scale up.
5. "Safe abortion and respectful care centre" implementation learning are documented and the same is included in the PIP, of Maternal Health Program in the state.
6. Minimum standards of safe abortion and respectful care is established and documented, and mechanism are established to disseminate among the health and non-health practitioners engaged in abortion practices from the 2nd year of implementation.
7. Develop 4 centre of excellence in abortion practices in two priority districts

Duration:

The project is for 2 years duration having four periods with 6 months in each period.

Workplan

Sl no	Activity	Period 1	Period 2	Period 3	Period 4
1	Developing tools and conducting baseline assessment	✓			
2	Conduct routine Focus group discussion among service beneficiaries	✓			
3	Consultation program with customary heads and institutions	✓			
4	Establish Collaboration with the Maternal Health Division, NHM, Manipur	✓			
5	Conduct Workshops with key stakeholders	✓			
6	Constitute District Level Committee of the four priority districts	✓			
7	Mapping of clinics providing abortion services		✓		
8	Feasibility assessment of clinics/ service centres for Safe Abortion and Care centres		✓		
9	Procurement- tools & equipment for 4 model CAC centre		✓		
10	Focus Group Discussion		✓		
11	Observation and surveys i,e Participatory and non- Participatory method		✓		
12	Establish a network of empowered females among poor and marginalised population				
(a)	Community consultation program			✓	
(b)	Capacity Building Program for peer leader			✓	

13	Establish formal linkages with health and non-health services, including initiation of value-added services			✓	
14	Develop pool of experts & Conduct supervisory visit to standardised practices				
(a)	Refresher Training on Standard Practices of Safe Abortion & Care			✓	
(b)	Monthly Supervision			✓	
14	Conduct strategic campaigns on safe abortion and care			✓	
16	Advocacy meeting with State Health Society on Inclusion of Safe abortion and respectful care centre			✓	
17	Drafting of SOP			✓	
18	Develop Centre of Excellence (COE)				✓
19	Conduct dissemination workshop on Centre of Excellence (COE)				✓
20	Dissemination meeting on for issuing directions to relevant clinic for safer abortion practices				✓
21	Develop operation manual and practice guide based on the learnings of implementation				✓

Activities carried out during the reporting period as per workplan:

1) Baseline Assessment

Objectives of the baseline assessment:

The baseline assessment aims to assess the status of safe abortion as a basic component of women's reproductive health and rights, the accessible of quality services, and the demand of women for safe and respectful care. The focus of this baseline assessment was also to ascertain the availability of abortion services, present barriers to service provision and the perspectives of women on the right to safe abortion.

The report presents the results of the baseline study undertaken in the districts of Imphal East, Imphal West, Bishnupur and Thoubal in the state of Manipur. The report covers the background, objectives, the methodology of the study and the key findings of the study and discusses potential directions for advocacy in the state.

Limitations

The baseline assessment covered only four districts of the state, this limits its general application to the state as a whole. Although the official collaboration has ben signed officially with the Manipur state government authorities. Permission to visit and study the government health facilities are yet to be obtained, as the official memorandum of understanding has been signed recently after the primary data collection from 513 women. The current baseline assessment is limited to the women as the main informant and the healthcare facilities and other key informants are yet to be interviewed. Although meeting with key community leaders and religious were conducted, to inform the program

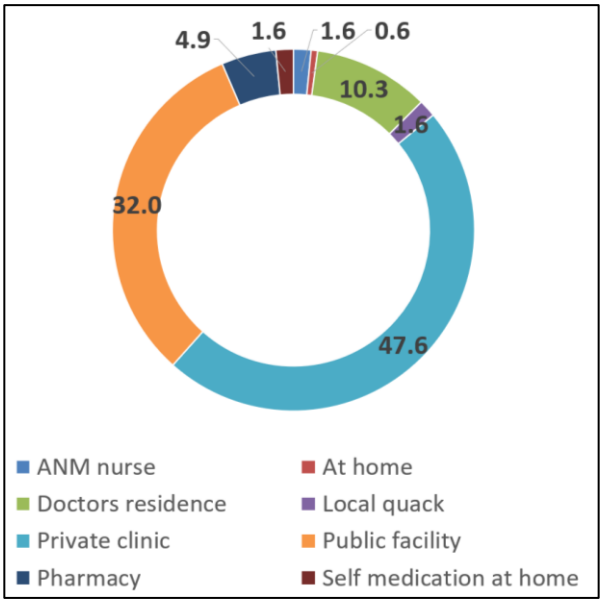
implementation. The baseline assessment report is yet to represent the responses of the key service providers and health facilities.

Results:

A total of 513 women participated in the baseline assessment, and was found that 99% (508) women has ever undergone abortion. It was evident that unwanted pregnancy 36.6% of the total women undergone abortion, as found to the most common reason for getting abortion done, 28.8% miscarriage, 16.2% birth spacing related, health issues, 12.9% including poor health conditions, 5.5 % family and financial issues.

Besides unwanted pregancy one of the common reason for the abortion, only 16% of the participants have ever used any contraceptives. Inconvinient to use contraceptives (66.9% of the total participants) is the most common reason for not using contraceptives. Responses from the participants revealed that 63% of abortion occurs within 9 weeks of gestation period, 28.7% within 12 weeks of gestation perion and 8% beyond 12 weeks gestation period.

Preference of abortion facility is determined by various factors, that could influence the patient to decide, however it was documented that 47.6% of the participants received abortion services from a private clinic and 32% received from Governent facility. 10.3% received through the clinics at doctor's residence and 4.9% still recieves from pharmacy. Few participants 1.6% through self medication at home and the same participants 1.6% from local quacks.

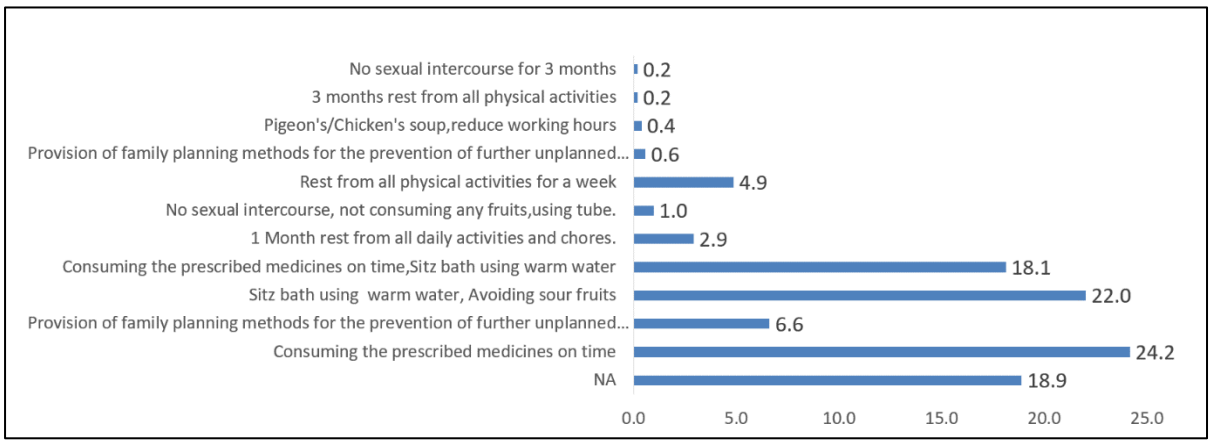


The most common reason for choosing the facility for abortion was 63.5% easy to access, 23% known service provider, 8,4% friendly services and 5.1% the service centers near the house. It was was reported that among the 508 women who has undergone abortion 91.8% felt safe, however only 2.1% felt respected at the abortion facilities.

Only 9.7 % participants responded that they got free abortion service, 40.9% spend 2500 to 5000 INR, 16.4% 200 to 1000 INR, 15% 10000 to 20000 and 6.4% 20000 to 45000 INR.

More that half the participants 54.6% reported that provision of post-abortion contraceptive services, including emergency contraception was available and 45.4% reported not available.

Post abortion care adopted by 99% of the total participants, consuming the prescribed medicines



on time to be the most common response, 24.2% consuming prescribed medicine on time and 18% sitz bath including avoiding of sour friuts.

It was also recorded that 77.2% of the participants were not provided contraception method after abortion, 5.8 % were provided with condom related information, 8.6% on use of copper T for 5 years.

Issues faced during and post abortion	No. of participants	Percentage
NA	65	12.7
Constipation, Nausea, Body aches and fatigue	149	29.0
Abdomen pain(5-6days)post abortion, problems occurred as family wanted a child	1	0.2
Unable to perform daily activities for sometime.	7	1.4
Abdominal pain, discomfort and painful during abortion, was unable to eat properly for a long time.	12	2.3
Missed period for 3 months due to consumption of prescribed medicines.	1	0.2
Unable to focus, light headedness	2	0.4
Constant pain below the hip, unable to conceive post abortion.	18	3.5
Irregular period	16	3.1
Fatigue, pain in the arms etc	3	0.6
Loss of appetite, Continuation of household activities without any rest as no one was there to help.	6	1.2
Uterine haemorrhage, abdomen pain, bleeding, fever etc	2	0.4
Fever, bleeding, nausea	71	13.8
Hypertension	5	1.0
Missed period for 2 months due to consumption of prescribed medicines.	1	0.2
Constipation, back pain, hypertension, formation of thyroid	4	0.8

No problem	142	27.7
Oral numbness	1	0.2
Hormonal imbalance	7	1.4

Access to pregnancy testing kit will also play a key role in ensuring early detection of pregnancy, majority of the participanst know about their pregnancy when their periods are missed and only 4.7 knows about their pregnancy through pregnancy testing kit tested at home.

142 (27.7%) participants didn't faced issues during and post abortion, however 29% faced constipation, nausea, body aches and fatigue, 13.8% faced fever. Bleeding and nausea during and post abortion.

Table on issues faced during and post abortion:

Surprisingly, only 10.1 % of the partcicpants have ever heard about the MTP act and 89.9% have not heard of the MTP act. 45.2% are not aware that abortion os legal in India, if the practices are performed in lines with the guideline provided by the Government of India.

91% of the praticipants believe that the abortion service faciity should be near the the facility, and 2.9 suggested to provision should be located in every district. 94% responded the doctors and nurses are well trained and 50.7% recommended for free cost abortion services.

Attitudes of the service provider will also plays a key role in providing quality and friendly services, 33.9% suggested that service providers must respect someone's choices &,encouragement and 16.2% respect for the person getting the abortion

8.0% of the participantsa feel that any problem faced by the patients should be able to express to the members of the community freely.

The results will be translated into action points to initiate concerted actions please.

Annexure:

Institute of Social Research and Development (ISRD)

Baseline Assessment

Project: Enhancing women rights to safe abortion and care

INFORMATION SHEET AND INFORMED CONSENT FOR IN-DEPTH INTERVIEWS

Khurumjari, my name is ……, and I am part of Institute of Social Research and Development team.

In this study we are trying to understand what women do when they are faced with an unplanned pregnancy, how decisions are made on whether or not to continue with the pregnancy, and whether women have access to information and services for safe termination of pregnancy, if they choose not to continue with the pregnancy.

We are talking to women in different villages about these issues and have requested you here to participate in discussion.

No personal benefits will be gained from participating in this study. But this study will contribute to advocacy with the government to improve access to safe abortion services for all women. Participation in this discussion will take about one hour. We also seek your consent to audio-record the discussion. Whether to participate or not in this study is completely voluntary. If you decide to participate, you could also decide to stop participating at any time. You are not required to answer questions that you are not comfortable with.

The answers will be kept confidential and you name will not appear anywhere. You are not expected to share any personal experiences in the discussion. If you are sharing the lived experience of another woman, please do not share her identity. The information that we collect from this project will be kept confidential. Background information about the interviewee and the health facility that we collect in the field will be detached from the transcripts and stored in a file that will not have any name on it, but a code number assigned to it. The name associated with the number assigned to each file will be kept under lock and key and will not be divulged to anyone except the responsible staff. No individual names/ facilities or identifiers, will be presented in the report, only consolidated figure/ responses will be provided.

The information will be thoroughly analysed and the results will guide better programs for SRHR. The findings of the study will be mainly used to advocate with different stakeholders for promoting the availability of safe abortion services. The report will be shared with key policy makers and other stakeholders and we also plan to conduct dissemination meetings with the key persons. The results will help prioritise programs on safe abortion.

You are free to ask us, if you have any questions about this study. We will do our best to answer. For any further clarifications, you may also contact the person from ISRD for this study: Dinesh, mobile number: 7005303385

DECLARATION:

I hereby declare that I have been given the above information regarding the study, I also understand that my participation is entirely voluntary, and that we are free to discontinue the study at any time. We understand that our identities and the given information will be kept strictly confidential. We do agree to take part in this study, and for the discussion to be audio-recorded.

Respondent Signature: ……

Respondent Name: ……

Age: ……

1. Have you ever undergone abortion? (Multiple abortion) (Age of abortion)

a) Yes b) No

If yes reason for undergoing abortion?

……

……

If no, have you ever heard/known/accompanied for getting abortion services

b) Yes b) No

(If no, stop the interview, if yes continue with the interview to share the experience)

2. What were the reasons for getting abortion?

……

……

3. Number of weeks of pregnancy while getting the abortion service? **Tick**

a) Within 9 weeks b) Within 12 weeks c) Beyond 12 weeks

4. Where was the abortion service received?

a) Private clinic, b) Doctors residence, c) Local quacks, d) ANM nurse,

Any other specify ……

5. Why were the service center chosen? (May tick multiple)

a) Easy to access, b) Friendly service c) Known service provider d) Near House

Any other specify ……

6. What was the total cost of the abortion service? …… (Please specify the year ……..)

7. Were there any extra charges, besides the abortion cost? Please specify the reasons for the extra charges?

……..

8. How do you feel about the abortion service you receive?

a) Safe b) Unsafe, c) Service provider attitude, feel respected d) Felt being judged, e) Fear of being disclosed, f) Felt neglected, g) Felt mistreated, h) Felt stigmatized

Any other please specify ……

……

9. What were the post abortion care information provided? (Probe Guide: Information on managing side effect like Fever, Bleeding, Vaginal discharge, Pain and cramps, Nausea, Vomiting, Diarrhoea, Sadness, Depression)

……

……

10. Was there provision of post-abortion contraceptive services, including emergency contraception?

a) Yes b) No

11. What were the post abortion care you adopted? **Probe**

……

……

12. Can you please share the information were provided on contraception methods after abortion?

……

13. How did you know you are pregnant?

a) Missed menstrual cycle, b) Getting tested at home d) Visited a doctor

Any other please specify ……

……

14. Methods/Process of abortion? (May respond in the way you know) **Probe**

……

……

15. Can you please specify the type of service provider?

……

16. What are the issues faced during and post abortion? Please elaborate. **Probe**

……

17. Have you heard of MTP Act? (Probe Guide: Medical Termination of Pregnancy (MTP) is a legalized method of termination of pregnancy by authorised personals (as in the act), intentionally, before its full term.)

a) Yes b) No

18. Are you aware that abortion is legal in India?

a) Yes b) No

19. Are you aware that abortion of unmarried individuals are also legal in India?

a) Yes b) No

20. List the method of contraception you know? Have you ever use any contraception methods?
(Probe Guide: Oral contraceptive pills, implants, injectables, patches, vaginal rings, intra uterine devices, condoms, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods. Please share if you know of any traditional methods of contraception**)**
……..

21. Reason for not using contraception (if not used) (**Probe Guide:** Fear of side effects, Partner/husband not willing to use, not accessible, inconvenient to use, lack of knowledge, not able to afford etc.)

……..

22. Factors contributing to unsafe abortion:

……..

23. Were you recommended for follow up visit after the abortion (Within one or two week)?

a) Yes b) No

24. Can you please share what could be the best abortion service facility?

(Probe Guide:

About the Location: ……..

About the Service Providers: …….

About services: …….

About cost: ……

About attitude of community: ……..)

Any other specify and elaborate: Probe

…….

……

Thank You for the valuable information, this will help many women in need

If you are interested in joining our movement on "Enhancing women rights to safe abortion and care," you may join as a member of our network.

2) Focus Group Discussion

This report summarizes findings from 20 focus group discussions (FGDs) conducted with 151 women across four priority districts in Manipur: Imphal East, Imphal West, Thoubal, and Bishnupur. These discussions were conducted as an essential needs assessment step before implementing Model Comprehensive Abortion Care (CAC) Centers in these districts. The FGDs provided valuable insights into women's knowledge, experiences, barriers, and expectations regarding abortion care services in their communities.

Introduction

The establishment of Model Comprehensive Abortion Care Centers in the four priority districts aims to address gaps in safe abortion services and improve reproductive healthcare access. Understanding the local context, existing challenges, and specific needs of potential service users was critical before implementation. The focus group discussions were designed to assess knowledge about abortion services, identify access barriers, understand community perceptions, gather input on service delivery preferences, and determine education needs.

Methodology

A total of 151 women participated in 20 focus group discussions divided equally among the four districts. Participants represented diverse age groups, socioeconomic backgrounds, and reproductive histories. The discussions followed a semi-structured format led by trained facilitators in local languages. Each session lasted approximately 90-120 minutes, with audio recording (with consent) and detailed note-taking to capture responses.

Key Findings

Women's Health Concerns

Women identified several common health issues during the discussions, with a particular focus on reproductive health. Irregular menstruation was frequently mentioned as a significant concern. Many participants also highlighted pregnancy-related complications, health issues following abortion procedures, and complications arising from pregnancies with insufficient spacing between children. These health problems create substantial worry and impact women's overall wellbeing.

Healthcare Seeking Behaviors

When discussing where women seek treatment for health problems, participants described complex decision-making processes. Many women expressed feeling uncomfortable and shy about seeking care for reproductive health issues, making it difficult to decide which facilities to visit. For urgent needs, women typically opt for the nearest government facility first. After initial consultation, their subsequent care path often depends on the doctor's referral, which might direct them to private clinics, the doctor's residence, or continued care at government facilities.

Cost considerations emerged as the primary factor influencing facility choice, followed by distance to the facility. This highlights the economic constraints many women face when seeking reproductive healthcare. Some women also reported visiting doctors' private residences or unrecognized centers in marketplaces for care.

Unplanned Pregnancies and Decision-Making

Participants discussed various reasons for unplanned pregnancies. For married women, these often result from miscarriages, insufficient spacing between pregnancies, or other health problems. For unmarried women, social stigma was identified as a primary concern with unplanned pregnancies. These circumstances create different decision-making pathways for married versus unmarried women.

Married women typically discuss the situation with their husbands before making decisions about pregnancy continuation. Unmarried women often first consult with their partners and, if complications arise, eventually involve their families. In both scenarios, participants indicated that abortion frequently becomes the chosen option. According to the discussions, abortion is extremely common in these communities, with participants estimating that almost all women undergo abortion at some point.

Community Perceptions of Abortion

Perceptions about abortion vary significantly across generations. Elderly community members generally oppose abortion, creating communication barriers due to perceived disrespect when discussing abortion with elders. This generational gap stems from different cultural norms, lack of knowledge about modern abortion methods, and traditional health beliefs.

For married women, abortion acceptance is complicated by generational differences, knowledge gaps, and health concerns. For pregnancies outside marriage, social stigma remains the predominant issue shaping perceptions and decisions. These cultural factors significantly influence how women approach abortion services and the emotional burden they experience.

Abortion Methods and Services

When seeking abortion services, most women initially choose medication abortion (abortion pills) due to cost considerations. If unsuccessful, they then pursue surgical methods (MTP). Women access these services through various channels including government facilities, private clinics, doctors' residences, and sometimes unrecognized centers in market areas.

The discussions revealed substantial variation in costs for abortion services. These costs represent significant financial burdens for many women, particularly those from economically disadvantaged backgrounds.

Safety Concerns and Health Complications

Despite the prevalence of abortion, women expressed consistent concerns about safety. Participants shared that abortion never feels completely safe and may lead to numerous health complications. They noted that women often don't take the same level of care following abortion as they would after childbirth, exacerbating potential health risks.

Women reported experiencing significant health problems after abortion procedures. Irregular menstruation was mentioned as a common post-abortion issue. Some women described difficulties conceiving again, while others experienced prolonged bleeding episodes lasting up to 20 days. Additional complications mentioned included allergic reactions affecting genital areas, menstrual irregularities and incomplete abortions leading to further health problems.

Access Barriers

Participants consistently indicated that abortion services are not easily accessible. Women must actively seek information from others about abortion services, creating privacy concerns. Even after identifying service providers, they must weigh factors including treatment costs, physical accessibility, and safety concerns at different facilities.

When faced with limited access to abortion services, women are often forced to continue pregnancies they would otherwise terminate. In situations where abortion is deemed necessary, women may travel to distant facilities despite financial and logistical challenges. Several participants noted that the lack of accessible, affordable services sometimes creates life-threatening situations for women with limited options.

Historical Context and Changes

The discussions revealed significant changes in abortion methods over time. Historically, abortions were primarily performed by local quacks using traditional methods, including herbal preparations like "kabirei." Today, procedures are more commonly performed by trained medical professionals with access to modern equipment like ultrasound. While participants denied current use of dangerous methods like herbal pastes or stick insertions in their communities, they recalled historical cases of disability in children following incomplete abortions and maternal deaths after using herbal abortifacients.

Legal Awareness

A striking knowledge gap emerged regarding the legal status of abortion. Most participants initially believed abortion was illegal. Through the focus group discussions, many learned for the first time that abortion is legal in India under certain conditions. This suggests a critical need for community education about reproductive rights and legal provisions for abortion services.

Recommendations from Participants

When asked for recommendations to improve abortion services, participants offered several thoughtful suggestions:

1. Ensure specialized OB-GYN doctors or experts are available at each facility
2. Establish centers in accessible locations closer to communities
3. Provide compassionate counseling about abortion and women's health issues without making women feel uncomfortable
4. Offer affordable services with transparent pricing
5. Create environments where women feel safe and supported during abortion procedures
6. Train providers to deliver services with understanding and care, encouraging open discussion
7. Maintain well-equipped facilities with mandatory observation rooms for recovery
8. Clarify and support the role of ASHA workers in guiding women through reproductive healthcare

Participants unanimously agreed that safe abortion services should be available to women without restrictions. They emphasized that women should have full autonomy in pregnancy decisions without external pressure.

Conclusion

The focus group discussions provide critical insights that will directly inform the implementation of Model Comprehensive Abortion Care Centers in the four priority districts. The findings highlight significant knowledge gaps, access barriers, and service quality concerns that must be addressed to improve reproductive healthcare for women in these communities.

Based on participant feedback, successful CAC Centers should prioritize accessibility, affordability, privacy, and compassionate care. They should employ specialized providers, offer comprehensive counseling, and create supportive environments where women feel respected and understood. Community education about legal abortion rights and available services will be essential to overcome knowledge gaps and stigma.

By incorporating these findings into center design and implementation, the Model CAC Centers can better serve women's reproductive health needs and improve access to safe abortion services across the four priority districts in Manipur.

3) Consultation program with the Customary heads and institutions

The consultation program with customary heads and institutions for safe abortion aimed to address key issues surrounding safe abortion, including the benefits of safe abortion, the cultural stigmas and myths associated with it and the importance of nutritious diet on post abortion. Through collaborative efforts with customary heads and institutions, the program sought to promote awareness, dispel misconceptions, and ensure access to safe and legal abortion services.

Activities conducted:

The successfully conducted consultation program on safe abortion was a pivotal initiative providing comprehensive information and support to individuals facing difficult decisions regarding reproductive health. Through a combination of expert guidance, non-judgmental counseling, and access to healthcare resources, the program empowered individuals to make informed choices in a safe and confidential environment. The program was conducted successfully by engaging 3 resource person which deliver speeches on the following agendas:

1) Benefits of Safe Abortion by Dr. Meena Seram (State Nodal Officer Maternal Health, State Health Society, NHM, Manipur)

   Safe abortion services offer a wide range of benefits to individuals seeking reproductive healthcare. Firstly, safe abortion procedures conducted by trained healthcare providers in a clinical setting significantly reduce the risk of complications and ensure the physical well-being of the individual undergoing the procedure. By accessing safe abortion services, individuals can avoid the dangers associated with unsafe abortion practices, such as infections, injuries, and long-term health consequences. Moreover, safe abortion allows individuals to make autonomous decisions about their reproductive health, promoting bodily autonomy and empowering individuals to control their own fertility and future. Additionally, safe abortion services contribute to public health by reducing maternal mortality rates, promoting gender equality, and supporting overall reproductive health outcomes. By ensuring access to safe and legal abortion services, societies can protect the health and rights of individuals while promoting social and economic development.

2) Addressing Cultural Stigmas and Myths by Ningthoujam Roshan (Project Consultant, ISRD)

   Addressing cultural stigmas and myths surrounding abortion is essential to promoting accurate information, reducing discrimination, and ensuring access to safe reproductive healthcare services. Cultural stigmas and myths often stem from misinformation, societal attitudes, and traditional beliefs that can lead to judgment, shame, and marginalization of individuals seeking abortion care. By challenging these stigmas and myths through education, advocacy, and open dialogue, communities can create a more supportive and understanding environment for individuals facing reproductive health decisions. It is important to engage with cultural and religious leaders, healthcare providers, and policymakers to debunk myths, provide accurate information about abortion, and foster respectful discussions that embrace diverse perspectives. By promoting empathy, compassion, and evidence-based information, societies can work towards destigmatizing abortion, empowering individuals to make informed choices about their reproductive health, and promoting a culture of respect, support, and inclusivity.

3) Importance of nutritious diet on post abortion by Khangembam Pranali (Dietician, State Health Society, NHM, Manipur)

   A nutritious diet plays a crucial role in the post-abortion recovery process, as it helps replenish essential nutrients, support overall health, and promote healing. After an abortion, the body may require additional nutrients to recover and restore energy levels. A diet rich in vitamins, minerals,

protein, and healthy fats can help support the body's healing process and reduce the risk of complications. Adequate hydration is also important to maintain overall health and aid in the recovery process. Additionally, a nutritious diet can help regulate hormones, reduce inflammation, and support emotional well-being during this sensitive time. Overall, prioritizing a balanced and nutrient-dense diet after an abortion is essential for promoting physical and emotional recovery and overall well-being.

Conclusion

The consultation program with customary heads and institutions for safe abortion highlighted the benefits of safe abortion services and addressed cultural stigmas and myths surrounding abortion through education, community engagement, and support services. By bringing together traditional leaders, healthcare providers, and community members, the program fostered a more informed and supportive environment for individuals seeking safe and legal abortion services.

This report reflects the collaborative efforts and commitment to promoting reproductive health and rights within the community.

4) Formal collaboration with the Maternal Health Division, NHM, Manipur

A crucial partnership was established with the Maternal Health Division of the National Health Mission in Manipur. This collaboration laid the foundation for a strong working relationship aimed at enhancing Women rights to safe abortion and care in manipur. A formal Memorandum of Understanding was signed, outlining the roles, responsibilities, and mutual commitments of both parties. Importantly, all activities were conducted under the approval of the State Mission Director, NHM, Manipur, ensuring alignment with state-level health priorities and guidelines. Meetings were held to align strategies, share resources, and leverage each other's strengths. The Maternal Health Division provided invaluable support in facilitating community outreach, conducting awareness campaigns, and disseminating information through their networks of health workers and facilities. Additionally, joint training programs were organized to build the capacity of healthcare providers on safe abortion practices, counselling techniques, and post-abortion care. This collaborative approach fostered a sense of ownership and ensured that interventions were tailored to the local context and community needs, all while adhering to the directives and oversight of the State Mission Director.

5) Workshop with key stakeholders

Medical Termination of Pregnancy (MTP) Act was first enacted in 1971. Since then, abortion is legal upto 20 weeks of gestation. The MTP Act was amended in 2021 under MTP Amendment Act 2021 and the duration of abortion was extended beyond 24 weeks i.e. any time during the pregnancy period, **abortion can be conducted if it fulfils the criteria for conducting abortion (MTP) as per the MTP Amendment Act 2021**. Abortion (MTP) can be conducted in any of the public health facilities if the services are available. But for private facilities, need prior approval from the district level committee (DLC) of CAC and Chief Medical Officer is the chairman of the DLC.

For abortion beyond 24 weeks, needs approval of a Medical Board which is at the 7 district hospitals and 2 medical colleges (RIMS & JNIMS).

(Gazette notifications for above 9 medical boards have been published in the State Official Gazette by the Government of Manipur).

Even though, abortion is legal since 1971, many service providers (doctors) and pregnant women are unaware of it and most often pregnant women go to the places where untrained people are conducting abortion which leads to maternal death.

To create awareness among district level officials and service providers, a one-day orientation program on CAC was conducted at Hotel Imolesh, Old Lambulane, Imphal.

Number of resource person engaged: 4

1. Dr Meena Seram, State Nodal Officer - Maternal Health cum CAC Nodal Officer
2. Mr Nongmaithem Shiribasa, State Consultant – Maternal Health
3. Dr K. Pratima Devi, Associate Professor, OBGY Dept. RIMS and
4. Dr Usharani Akoijam, Associate Professor, OBGY Dept.

The main objectives of the orientation program are-

To create awareness to the general public that abortion is legal and can be conducted anytime during the pregnancy period. (Even the unmarried women also.) **Only if it fulfils the criteria for conducting abortion (MTP) as per the MTP Amendment Act 2021.**

It can be conducted in any of the public health facilities from the level of PHC to medical colleges.

It can also be conducted at private hospitals approved by Chairman of the DLC.

To reduce maternal mortality and morbidity by availing quality and safe abortion services by trained providers/doctors at public health facilities and DLC approved private hospitals.

6) Constitution of the District Level Committee of the four priority districts

The District Level Committees (DLCs) for the four priority districts have been successfully constituted in which ISRD has been appointed as a permanent member of the DLC of each district headed by the Chief Medical Officer of the concerned district, marking a significant milestone in our comprehensive reproductive health initiative. Each committee was meticulously formed including district health officials, medical experts, local government representative and a member from our Organization. During these meetings, the committees established their operational framework, defined key objectives, and developed preliminary action plans for implementing targeted interventions. The constitution and initial meetings of these District Level Committees represent a critical step in ensuring localized, collaborative, and strategic approach to improving reproductive health services in the priority districts

7) Mapping of clinics providing abortion services

Purpose of Mapping the health facilities

The primary purpose of mapping health facilities in a district is to gain a comprehensive understanding of healthcare resource distribution and accessibility. This process helps identify gaps in coverage, optimize resource allocation, and improve overall healthcare delivery. By visualizing the location and capabilities of various health facilities, decision-makers can better plan for future developments,

respond to emergencies, and ensure equitable access to healthcare services for all residents. Ultimately, health facility mapping serves as a crucial tool for informed policy-making and strategic planning in the healthcare sector.

Area covered for mapping health facilities

Four priority districts:

1) Imphal East
2) Imphal West
3) Bishnupur
4) Thoubal

Findings

Imphal East: The District is situated at an altitude 790 metres above the sea level. The district lies between latitudes 24º39’49.09’’N and 25º4’5.45’’ N and longitudes 93º55’30’’ E and 94º8’42’’ E approximately. The Senapati district bounds on the north and east, Thoubal district on the south and Imphal West district on the west.

LIST OF THE FACILITIES FOR IMPHAL EAST			
Sl No	**Name of the Facility**	**Latitude**	**Longitude**
1	Jawarharlal Nehru Institute of Medical Sciences	24°48'37"N	93°57'40"E
2	CHC Sagolmang	24°57'40"N	94°01'21"E
3	UPHC Kshetrigao	24°48'01"N	93°58'25"E
4	UPHC Mantripukhri	24°50'58"N	93°56'03"E
5	UPHC Minuthong	24°49'21"N	93°57'02"E
6	UPHC Snagaipat	24°47'17"N	93°57'06"E
7	PHC Akampat	24°46'29"N	93°56'56"E
8	PHC Andro	24°45'09"N	94°02'58"E
9	PHC Bashikhong	24°45'0"N	93°56'49"E
10	PHC Keirao Makting	24°44'20"N	93°58'43"E
11	PHC Lamlai	24°51'55"N	94°03'11"E
12	PHC Nongpok keithelmanbi	24°43'59"N	94°07'31"E
13	PHC Sawombung	24°52'13"N	94°01'30"E
14	PHC Yaingangpokpi	24°54'45"N	94°07'12"E
15	PHC Yambem	24°41'22"N	94°04'11"E

Imphal West: Imphal West is a district in the state of Manipur, India, located at 24°49’N 93°54’E. It's the most populated district in Manipur and is part of the Manipur valley region. It is surrounded by Kangpokpi District on the north, on the east by Imphal East and Thoubal districts, on the south by Thoubal and Bishnupur Districts, and on the west by Senapati and Bishnupur Districts.

Imphal West has a variety of topography, including a small plain in the center, hilly areas in the north and center, and marshy land in the south. The elevated areas are around 790 meters above sea level.

LIST OF THE FACILITIES FOR IMPHAL WEST				
Sl.No.	**District**	**Facility Name**	**Latitude**	**Longitude**
1	Imphal West	CHC Wangoi	24°40'27"N	93°54'13"E
2	Imphal West	CHC Awang Sekmai	24°56'14''N	93°52'43''E
3	Imphal West	CHC Khumbong	24°46'23''N	93°50'08''E
4	Imphal West	PHC Sekmaijin	24°33'24''N	93°53'51''E
5	Imphal West	PHC Mayang Imphal	24°37'13''N	93°53'22''E
6	Imphal West	PHC Samurou	24°42'04''N	93°54'10''E
7	Imphal West	PHC Mekola	24°44'08''N	93°52'36''E
8	Imphal West	PHC Kakwa	24°46'07''N	93°56'15''E
9	Imphal West	UPHC Singjamei	24°46'58''N	93°56'14''E
10	Imphal West	UPHC Langol Tarung	No data	No data
11	Imphal West	PHC Khurkhul	24°54'57''N	93°51'52''E
12	Imphal West	PHC Phayeng	24°50'49''N	93°48'45''E
13	Imphal West	PHC Khonghampat	24°53'11''N	93°53'58''E
14	Imphal West	PHC Salam	24°48'06''N	93°51'0''E

Bishnupur: Bishnupur District stretching between 93.43 degree E and 93.53 degree E Longitudes and 24.18 degree N and 24.44 degree N Latitudes. The total geographical area of the district is 530 Sq. Km. It is bounded by Senapati and West Imphal districts in the north, Churachandpur district in the west, Chandel in the south-east and Thoubal district on the east.

LIST OF THE FACILITIES FOR BISHNUPUR			
Sl No	**Name of the Facility**	**Latitude**	**Longitude**
1	District Hospital Bishnupur	24°37'54"N	93°45'43"E
2	CHC Moirang	24°29'36"N	93°47'08"E
3	CHC Nambol	24°43'11"N	93°50'30"E
4	PHC Ningthoukhong	24°33'59"N	93°45'31"E
5	PHC Karang	24°32'55"N	93°49'57"E
6	PHC Kumbi	24°25'04"N	93°48'54"E
7	PHC Kwakta	24°27'21"N	93°44'11"E
8	PHC Thanga	24°31'52"N	93°49'25"E
9	PHC Leimapokpam	24°42'06"N	93°51'42"E
10	PHC Oinam	24°41'34"N	93°48'14"E

Thoubal: The district of Thoubal, which occupies the bigger portion of the eastern half of the Manipur Valley, takes the shape of an irregular and triangular with its base facing north. It lies between 24°30’24.688” N to 24°43’16.689” N latitude and 93°53’17.016” E to 93°53’18.118” E longitude. It is bounded on the north by Imphal West and Imphal East district, on the east by Kangpokpi and Tengnoupal

districts, on the south by Kakching and Tengnoupal districts. Its average elevation is not very much different from the rest of the Manipur Valley which is about 790 metres on an average above the sea level. Although the district is a part of the valley, the area of the district is not entirely plain.

LIST OF THE FACILITIES FOR THOUBAL			
Sl No	**Name of the Facility**	**Latitude**	**Longitude**
1	Thoubal District Hospital	24°37'21"N	94°00'46"E
2	CHC Heirok	24°34'45"N	94°04'48"E
3	CHC Lilong Haoreibi	24°41'48"N	93°54'53"E
4	CHC Yairipok	24°40'33"N	94°02'50"E
5	PHC Charangpat	24°38'34"N	94°02'27"E
6	PHC Khoirom	24°40'56"N	94°04'38"E
7	PHC Khongjom	24°33'33"N	94°01'52"E
8	PHC Leisangthem	24°37'52"N	93°55'58"E
9	PHC Lilong	24°43'02"N	93°56'30"E
10	PHC Nongpok Sekmai	24°39'01"N	94°04'43"E
11	PHC Sangaiyumpham	No data	No data
12	PHC Wangjing	24°35'57"N	94°02'02"E
13	PHSC Athokpam	24°37'28"N	94°00'15"E
14	PHSC Chandrakhong	24°41'21"N	94°07'35"E
15	PHSC Chaobok Kabui	No data	No data
16	PHSC Haokha	No data	No data
17	PHSC Haoreibi Mayai Leikai	24°42'0"N	93°55'26"E
18	PHSC Heibong Meikhong	24°37'59"N	93°54'21"E
19	PHSC Irong Chesaba	24°37'59"N	93°54'21"E
20	PHSC Irong Khunou	No data	No data
21	PHSC Irong Thokchom	24°38'10"N	93°55'23"E
22	PHSC Khangabok	24°36'24"N	94°00'12"E
23	PHSC Khekman	24°38'32"N	93°56'52"E
24	PHSC Khoirom Kekru	24°40'56"N	94°04'38"E
25	PHSC Kiyam Litanpok	24°39'25"N	93°58'02"E
26	PHSC Kshetri Leikai	24°39'06"N	94°00'50"E
27	PHSC Langathel	24°31'45"N	94°03'05"E
28	PHSC Leirongthel Malom	24°41'13"N	94°05'53"E
29	PHSC Leirongthel Pitra	No data	No data
30	PHSC Lisamlok	No data	No data
31	PHSC Litanmakhong	No data	No data
32	PHSC Maibam Konjin	24°34'36"N	93°54'43"E
33	PHSC Moijing	24°38'43"N	93°57'39"E
34	PHSC Nungei	24°38'43"N	93°57'39"E
35	PHSC Oinam Sawombung	No data	No data
36	PHSC Phoudel Karambi	No data	No data
37	PHSC Phundrei	No data	No data
38	PHSC Salungpham	24°36'28"N	94°04'55"E
39	PHSC Tekcham	24°33'14"N	93°59'58"E

40	PHSC Tentha	24°35'11"N	93°59'47"E
41	PHSC Thokchom Bengi	24°38'04"N	94°03'24"E
42	PHSC Thoubal Khunou	24°40'27"N	93°59'54"E
43	PHSC Thoubal Ningombam	24°44'45"N	93°53'53"E
44	PHSC Thoubal Wangamataba	No data	No data
45	PHSC Turel Ahanbi Upakthong	No data	No data
46	PHSC Uchiwa Turel Wangma	24°35'11"N	93°54'22"E
47	PHSC Ukhongsang	No data	No data
48	PHSC Waithou	24°40'46"N	93°57'58"E
49	PHSC Wangkhem	24°43'55"N	94°00'30"E
50	UPHC Phoudel	24°39'15"N	94°01'11"E
51	UPHC Phoudel	24°39'15"N	94°01'11"E

Based on the comprehensive mapping of health facilities across the four priority districts, a critical analysis reveals that four key healthcare institutions have emerged as pivotal centers with the highest case load:

1. **Jawaharlal Nehru Institute of Medical Sciences (JNIMS), Imphal East**
2. **District Hospital Bishnupur, Bishnupur**
3. **District Hospital Thoubal, Thoubal**
4. **Community Health Center (CHC), Wangoi, Imphal West**

These four healthcare facilities stand out as the most critical points in the district's healthcare network, indicating the need for continued investment, resource allocation, and strategic healthcare planning to meet the growing medical demands of the population.

8) Feasibility assessment of clinics or service center

The State Health Society of Manipur, under the National Health Mission, along with the team of Institute of Social Research and Development conducted thorough feasibility assessments for establishing Model Comprehensive Abortion Care (CAC) centers at multiple healthcare facilities between September and October 2024. These assessments were essential prerequisites to implementing quality abortion care services in line with national guidelines and addressing the critical public health need for safe, accessible abortion services. Assessment teams led by Dr. Achuina Golmei and Dr. Meena Seram, along with officials from ISRD, evaluated JNIMS (Imphal East), District Hospital Thoubal, CHC Wangoi (Imphal West), and District Hospital Bishnupur through site visits, healthcare provider interviews, and infrastructure reviews. The assessments methodically examined key components necessary for effective CAC services, including infrastructure (OPD areas, counseling rooms, examination rooms, procedure rooms, and recovery areas), staffing levels and training status, equipment availability, and community needs. Common deficiencies identified across facilities included inadequate Information, Education, and Communication (IEC) materials, limited privacy in counseling spaces, outdated procedure tables, and insufficient Manual Vacuum Aspiration (MVA) kits. The assessments recognized that establishing model CAC centers would require addressing these gaps to ensure comprehensive abortion care services that include counseling, safe abortion procedures, post-abortion care, and contraceptive services. While all facilities had some basic infrastructural elements in place, each required specific improvements in different areas. The most comprehensive reports highlighted both existing capabilities and

recommended targeted enhancements to ensure optimal service delivery, patient privacy, staff training, and equipment upgrades. These feasibility assessments represent a critical step toward improving reproductive healthcare access in Manipur by identifying facility-specific needs before implementing standardized, high-quality CAC services that align with national health priorities.

9) Focus Group Discussion

The Institute of Social Research and Development's Amplify Change team conducted a series of Focus Group Discussions (FGDs) as part of the project "Enhancing women rights to safe abortion and care in Manipur, India." The study engaged 51 women beneficiaries through 5 FGD sessions, with a minimum of 10 women per session, from December 3rd to December 11th, 2024. The discussions were conducted across four priority districts in Manipur: Imphal East, Imphal West, Bishnupur, and Thoubal.

Objectives

The primary objective was to gather insights about existing abortion facilities and service providers while introducing the concept of Model CAC (Comprehensive Abortion Care) centers. These centers are designed to provide high-quality abortion care services through committed healthcare professionals, utilizing appropriate technology and offering post-abortion contraception choices in accordance with Ministry of Health and Family Welfare (MoHFW) guidelines.

Current Service Access Patterns

The research revealed that most women access abortion facilities through ASHA workers, highlighting the crucial role these community health workers play in the healthcare delivery system. This finding underscores the importance of maintaining and strengthening the ASHA network as a vital link between communities and healthcare services.

Critical Challenges Identified

1. Financial Barriers and Unsafe Practices:

A significant concern emerged regarding the high cost of abortion services. The financial burden has led some women to resort to purchasing abortion pills directly from pharmacies without medical consultation. This dangerous practice often results in incomplete abortions and various health complications, highlighting the urgent need for affordable and accessible services.

2. Healthcare Infrastructure Limitations:

Several infrastructural challenges were identified:
- Inconsistent availability of gynecologists for daily OPD services at PHCs and CHCs
- Lack of dedicated ultrasound facilities for abortion services
- Insufficient emergency care facilities, leading to referrals in some cases
- Absence of proper follow-up care protocols

These limitations often result in delayed diagnoses and compromised care quality.

3. Service Delivery Issues:
The discussions revealed several service-related challenges:
- Inadequate post-procedure follow-up recommendations from doctors
- Varying levels of ASHA worker engagement and performance
- Limited access to comprehensive contraceptive counseling
- Concerns about contraceptive side effects affecting uptake

4. Accessibility and Quality of Care:
Women reported various barriers to accessing quality care:
- The need to visit multiple facilities for different aspects of care (especially for ultrasound services)
- Delays in treatment due to referrals
- Inconsistent availability of medical professionals

Recommended Solutions and Implementation Framework

1. Infrastructure Enhancement:
The participants strongly advocated for:
- Establishment of daily OPD facilities with consistent gynecologist availability
- Installation of dedicated ultrasound equipment for abortion services
- Development of well-equipped procedure rooms
- Creation of private counselling spaces

2. Financial Accessibility:
To address financial barriers, recommendations include:
- Implementation of free or heavily subsidized services
- Development of transparent pricing structures
- Integration with existing health insurance schemes
- Financial support mechanisms for underprivileged patients

3. Service Quality Improvement:
Recommendations for service enhancement include:
- Regular availability of qualified medical professionals
- Comprehensive pre and post-procedure counselling
- Structured follow-up protocols
- Enhanced emergency care capabilities

4. Awareness and Education:
The participants emphasized the need for:
- Comprehensive awareness programs about safe abortion practices
- Educational initiatives about contraceptive options and their effects
- Community outreach programs
- Information dissemination through various channels

Implementation Priorities

1. Immediate Actions:

- Establishment of daily OPD services
- Installation of basic ultrasound facilities
- Development of counseling rooms
- Implementation of privacy measures

2. Medium-term Goals:
- Staff training and capacity building
- Development of comprehensive service protocols
- Enhancement of emergency care facilities

3. Long-term Objectives:
- Establishment of fully equipped Model CAC centers
- Implementation of continuous monitoring and evaluation systems

Quality Assurance Framework
To ensure sustained quality of services, the following measures are recommended:
- Regular monitoring and evaluation of service delivery
- Periodic assessment of patient satisfaction
- Continuous professional development for healthcare providers
- Regular review and updating of protocols and procedures

Stakeholder Engagement Strategy
The success of Model CAC centers requires engagement from multiple stakeholders:
- Healthcare providers and support staff
- ASHA workers and community health workers
- Local community leaders
- Health department officials
- NGOs and civil society organizations

Future Considerations and Sustainability
For long-term sustainability, focus areas should include:
- Continuous training and capacity building
- Regular infrastructure maintenance and upgrades
- Sustainable financing mechanisms
- Community engagement and support
- Regular review and adaptation of services based on community needs

This comprehensive analysis provides a foundation for developing more effective and accessible CAC services while addressing the current gaps in service delivery. The implementation of these recommendations would significantly improve women's access to safe, dignified, and comprehensive abortion care services in Manipur.

The success of this initiative will largely depend on the coordinated efforts of all stakeholders and the continued support from government agencies. Regular monitoring and evaluation will be crucial to ensure that the services meet the intended objectives and maintain high standards of care.

10) Observation and survey

The report documents comprehensive findings from Focus Group Discussions (FGD) conducted with ASHA workers across four priority districts in Manipur - Imphal East, Imphal West, Bishnupur, and Thoubal. The study, executed by the Amplify Change team of ISRD, engaged 50 ASHA workers through 5 FGD sessions, with 10 participants per session, spanning from November 28th to December 13th, 2024. The primary objective was to assess and gather insights regarding the establishment of Model Comprehensive Abortion Care (CAC) centers in these districts.

Model CAC Center Framework

The Model CAC centers are designed as specialized facilities offering high-quality abortion care services to women through a team of self-motivated and committed staff members. These centers operate within the framework of Ministry of Health and Family Welfare (MoHFW) guidelines and standards, ensuring appropriate technology usage and providing choices for post-abortion contraception. The framework emphasizes creating a supportive environment where women can access safe abortion services with dignity and privacy.

Findings

- Patient Consultation Patterns:

The research revealed complex patterns in how women approach abortion services. A significant portion of women initiate consultation with ASHA workers before seeking medical attention, viewing them as trusted intermediaries in the healthcare system. However, a concerning trend emerged where some women self-administer abortion pills without proper medical consultation, only reaching out to ASHA workers after experiencing complications. This highlights a critical gap in awareness about the risks of unsupervised medical abortion.

- Financial Considerations and Access:

Economic factors play a crucial role in abortion-seeking behavior. The data indicates that women from financially constrained backgrounds predominantly approach ASHA workers first, hoping to reduce medical expenses through their intervention. This pattern suggests a need for clearer communication about available financial support systems and standardized pricing for abortion services. The economic aspect significantly influences the choice between public and private healthcare facilities.

- ASHA Worker Integration Challenges:

A significant finding reveals systemic challenges in the integration of ASHA workers within formal healthcare settings. Some facilities actively discourage ASHA workers from accompanying patients during doctor consultations, creating a disconnect in the continuity of care. This practice has far-reaching implications:

- Diminished trust between women and ASHA workers
- Reduced effectiveness of community health outreach
- Potential communication gaps in post-procedure care
- Weakened support system for vulnerable patients

- Healthcare Facility Preferences:

Women's choices for abortion services span across multiple facility types:

- Community Health Centers (CHCs)
- District Hospitals
- Private Hospitals and Clinics
- Doctor's Private Residences

The selection of facilities is influenced by factors including:

- Availability of trained medical professionals
- Access to ultrasound facilities
- Emergency care capabilities
- Privacy considerations
- Financial constraints

- Quality of Care Concerns:

Several quality-related issues emerged from the discussions:

1. Medication Quality: Concerns about the distribution of near-expiry medicines in government facilities, potentially compromising treatment effectiveness
2. Doctor Availability: Inconsistent availability of gynaecologists, particularly for higher-gestation cases
3. Equipment and Infrastructure: Varying standards of medical equipment and facility infrastructure across different centers

ASHA Worker Recommendations and Role:

ASHA workers demonstrate a strong commitment to promoting safe healthcare practices:

- They prioritize facilities with well-trained doctors and proper equipment
- Emphasize the importance of ultrasound services for accurate diagnosis
- Actively promote contraception as a preventive measure
- Consider abortion as a last resort option
- Provide ongoing support and guidance throughout the process

Statistical Analysis of Feedback

Component-wise Agreement Analysis:
1. Core Infrastructure Components (100% Agreement):
  - Basic establishment of Model CAC centers
  - Infection prevention protocols
  - Documentation systems
  - Counsellor availability

2. High Priority Components (80-90% Agreement):
  - Privacy Measures: 80% full agreement, 20% likely agreement
  - Dedicated Procedure Rooms: 90% full agreement, 10% likely agreement
  - Pain Management Systems: 85% full agreement, 15% likely agreement
  - Contraceptive Availability: 80% full agreement, 20% likely agreement
  - IEC Materials: 85% full agreement, 15% likely agreement

3. Areas Needing Enhancement:
  - Grievance Redressal: 70% full agreement, 30% likely agreement, indicating the highest uncertainty among all components

Comprehensive Recommendations for Model CAC Centers

1. Financial Accessibility:
  - Implementation of free or low cost of pricing structures
  - Clear communication of available financial support

2. Professional Integration:
  - Enhanced recognition of ASHA workers' role
  - Formal integration protocols in healthcare settings

3. Quality Assurance:
  - Stringent medication quality control
  - Regular equipment maintenance and upgrades
  - Consistent availability of specialized medical staff

4. Service Enhancement:
  - Reliable ultrasound facilities
  - Comprehensive post-procedure care
  - Expanded contraceptive counseling services

5. Infrastructure Development:
  - Dedicated procedure rooms
  - Enhanced privacy measures
  - Modern equipment installation

6. Awareness and Education:
   - Expanded IEC materials
   - Community outreach programs
   - Regular health awareness sessions

Future Implementation Considerations

The successful implementation of Model CAC centers requires a balanced approach addressing both infrastructure and human resource components. Special attention should be given to:

- Building trust between different levels of healthcare providers
- Ensuring consistent quality across all service aspects
- Maintaining proper documentation and reporting systems
- Creating sustainable feedback and improvement mechanisms

This comprehensive analysis provides a foundation for developing more effective and accessible CAC services while addressing the current gaps in service delivery. The high levels of agreement across most components suggest strong support for the basic framework, while the identified areas for improvement offer clear directions for enhancement.

Outcomes:

Sl no.	Activities conducted	Timeline/ date/ month	Nos. of people/ beneficiaries reach out	Expected outcomes
1	2 days workshop	22nd & 23rd Dec, 2023		
2	Baseline assessment	24th Dec, 2024 to 12th Feb, 2024	513	
3	Focus group discussion	15th Feb, 2024 to 24th April, 2024	151	
4	Consultation program with customary heads	27th May, 2024	40	
5	Workshop with key stakeholders	25th May, 2024	46	
6	Formal collaboration with MH, NHM, Manipur	31st May, 2024		
7	Constitution of the District Level Committee	22nd July, 2024 for BPR 5th Aug, 2024 for TBL 8th Aug, 2024 for IE 9th Aug, 2024 for IW		
8	District level Committee meeting	19th Aug, 2024 for IW 30th Aug, 2024 for IE 30th Aug, 2024 for TBL 2nd Sept, 2024 for BPR		
9	Mapping of clinics providing abortion services	2nd Aug, 2024 to 31st Aug, 2024		
10	Feasibility assessment of clinics/ service centre	2nd Sept, 2024 for IW 9th Oct, 2024 for IE 10th Oct, 2024 for TBL 18th Oct, 2024 for BPR		
11	Focus Group Discussion	3rd Dec, 2024 to 11th Dec, 2024	51	
12	Observation and Survey	28th Nov, 2024 to 13th Dec, 2024	50	

Findings from the project activities

The project is progressing successfully as per the work plan, which included baseline assessment, consultation programs with customary heads and institutions, focus group discussions, and workshops with key stakeholders, has been a significant milestone in our project. The baseline assessment provided crucial insights into the current abortion practices, helping us identify key challenges and opportunities in the state. The consultation programs with customary heads and institutions facilitated meaningful engagement with local leaders, enabling us to gain valuable perspectives and support for our initiatives. The focus group discussions allowed us to gather in-depth feedback from community members, ensuring that our interventions are responsive to their needs and priorities. Moreover, the recent meeting with the State Mission Director for formal collaboration and the signing of the Memorandum of Understanding (MoU) between the two parties have strengthened our partnership and commitment to

the project goals. Additionally, the constitution of the District Level Committee (DLC) further enhances coordination and decision-making processes, ensuring that stakeholders at the local level are actively involved in project planning and implementation. Overall, the completion of these components and recent developments have laid a robust foundation for the next phases of our project, setting the stage for impactful and sustainable outcomes. Has your project made any significant contributions or p

This project marks a significant advancement in improving women's access to reproductive healthcare services. Through strategic collaborations and community engagement efforts, it aims to break social stigmas, promote knowledge, and enhance institutional accountability. By advocating for women's rights and challenging patriarchal norms, the project sets the foundation for a shift towards recognizing and safeguarding women's sexual and reproductive health rights as fundamental human rights

The project has undergone significant transformations, marking major milestones in the establishment of the Model CAC center. Notably, the center has been successfully identified and a thorough feasibility assessment has been conducted to determine its viability. Subsequent gap analyses revealed essential equipment and resource requirements, which have since been addressed through strategic procurements. With the center now fully equipped and operational, the final milestone awaits - an inaugural ceremony to be done by the State Mission Director, State Health Society, National Health Mission, Manipur, formally launching the Model CAC center into operation

During this period, the collaborative approach we developed emerged as a standout strength. The constitution of the DLC in four priority districts proved to be a particularly innovative mechanism, enabling localized decision-making and ensuring that our project interventions were deeply contextualized to the specific needs of each district. The collaboration with ASHA workers and the Leima Foundation brought critical ground-level insights and community representation. It allowed us to develop interventions that were not only technically sound but also culturally sensitive and community responsive. The mapping of abortion service facilities and feasibility assessments demonstrated our commitment to a data-driven and systematic approach. We were able to identify the most suitable facilities with precision, ensuring that our model centers would meet the highest standards of medical care and patient support. The FGD with potential beneficiaries and the observation and survey of ASHA workers were particularly successful in gathering qualitative insights. These engagement methods allowed us to capture perspectives that quantitative data alone could not reveal, providing a deeper understanding of the challenges and opportunities in delivering reproductive healthcare services. The combination of these strategies drives the project forward and laying a strong foundation for meaningful impact in “Enhancing women rights to safe abortion and care in Manipur”

Plan activities of the next year

1. Establish a network of empowered females among poor and marginalised population
2. Establish formal linkages with health and non-health services, including initiation of value-added services
3. Develop pool of experts & Conduct supervisory visit to standardised practices
4. Develop Centre of Excellence (COE)
5. Conduct dissemination workshop on Centre of Excellence (COE)
6. Conduct strategic campaigns on safe abortion and care
7. Advocacy meeting with State Health Society on Inclusion of Safe abortion and respectful care centre
8. Dissemination meeting on for issuing directions to relevant clinic for safer abortion practices
9. Develop operation manual and practice guide based on the learnings of implementation

Gaps and challenges during the reporting period

Despite the best efforts, the project encountered several challenges during implementation. There were significant delays in the planned schedule, including the signing of the Memorandum of Understanding (MoU) between the relevant parties, which hindered the timely execution of activities. These delays were further exacerbated by the lengthy process of obtaining approvals from the Chief Secretary of the State as well as the Health Minister, which considerably slowed down work progress. A major obstacle was the lack of awareness and knowledge among many women about the legality of abortion in India under the Medical Termination of Pregnancy (MTP) Act. Numerous women were unaware that abortion is legally permissible in certain circumstances, reflecting the need for widespread education and awareness campaigns. Additionally, there was a high demand from women for accurate and comprehensive information about safe abortion procedures, risks, and post-abortion care. Many women expressed a desire to gain a better understanding of the entire process, highlighting the importance of providing accessible and reliable information to empower informed decision-making regarding reproductive health choices. These challenges underscored the need for comprehensive reproductive health education in implementing such crucial health initiatives.

The current law and order situation in Manipur, marked by frequent curfews and internet shutdowns, poses significant challenges to work progress. The curfews, in particular, disrupt work schedules, making it difficult for individuals to meet their job responsibilities and deadlines. Moreover, the internet shutdowns further exacerbate the situation, impacting an individual's ability to complete tasks, meet deadlines, and communicate with colleagues and clients. As a result, employees are forced to adjust their work schedules, leading to decreased productivity and potentially missed opportunities. The cumulative effect of these disruptions is a significant hindrance to work progress, underscoring the need for a stable and supportive environment to facilitate uninterrupted productivity

Mitigation measures

The insights provided offer a comprehensive strategy to address challenges in implementing safe abortion services and improving reproductive health rights. Key elements include streamlining processes to avoid delays, launching widespread awareness campaigns to educate about abortion legality, building capacity among health workers, collaborating with community leaders to address cultural barriers, developing accessible information resources, and strengthening counselling services. This multifaceted approach recognizes the complex nature of the issues and proposes solutions that are both practical and culturally sensitive. By focusing on efficiency, education, capacity building, community engagement, and support services, the strategy aims to create a more conducive environment for women to access safe abortion services and exercise their reproductive rights. The emphasis on local context, sustainability, and continuous improvement demonstrates a commitment to creating lasting change. Implementing these recommendations can significantly enhance access to safe abortion services, empower women with knowledge, and foster a supportive community environment for reproductive health rights

The prioritization of tasks emerged as a critical strategy, with a systematic approach that strategically ranked activities based on urgency and importance, ensuring that crucial work was completed before potential disruptions like curfews or internet shutdowns could impede progress. By implementing flexible work arrangements, we created a dynamic and responsive work environment that empowered employees to maintain productivity while safeguarding their personal safety and well-being. Our

employees were given the autonomy to work from home or adjust their work hours, which not only mitigated the impact of external constraints but also fostered a sense of organizational support and understanding during uncertain times. Consistent communication, with regular updates providing employees with real-time information about the evolving situation and any modifications to work protocols. This approach of proactive communication, strategic task management, and adaptive work arrangements not only ensured operational continuity but also reinforced our organizational culture of resilience, trust, and employee-centric decision-making. Moving forward, these experiences will inform our future approach by embedding greater flexibility into our operational framework, developing more robust communication channels, and creating contingency plans that prioritize both organizational objectives and employee well being in unpredictable environments

Conclusion

The project is progressing successfully as per the work plan, which included baseline assessment, consultation programs with customary heads and institutions, focus group discussions, and workshops with key stakeholders, has been a significant milestone in our project. The baseline assessment provided crucial insights into the current abortion practices, helping us identify key challenges and opportunities in the state. The consultation programs with customary heads and institutions facilitated meaningful engagement with local leaders, enabling us to gain valuable perspectives and support for our initiatives. The focus group discussions allowed us to gather in-depth feedback from community members, ensuring that our interventions are responsive to their needs and priorities. Moreover, the recent meeting with the State Mission Director for formal collaboration and the signing of the Memorandum of Understanding (MoU) between the two parties have strengthened our partnership and commitment to the project goals. Additionally, the constitution of the District Level Committee (DLC) further enhances coordination and decision-making processes, ensuring that stakeholders at the local level are actively involved in project planning and implementation. Overall, the completion of these components and recent developments have laid a robust foundation for the next phases of our project, setting the stage for impactful and sustainable outcomes

During the second project period, significant progress was made in establishing and operationalizing the District Level Committees (DLCs) across the four priority districts of Manipur. ISRD has been appointed as a permanent member of the DLC for each four priority district whish is headed by the Chief Medical Officer of the concerned district. The constitution of these committees represented a critical milestone in the project's implementation strategy. Each DLC was carefully composed to ensure comprehensive representation and strategic oversight of the Comprehensive Abortion Care (CAC) center development initiative. The DLC meetings were comprehensive and purposeful, focusing on detailed discussions about facility selection, service delivery mechanisms, and community engagement strategies. During these meetings, the team conducted an extensive mapping of existing facilities providing abortion services in the region, creating a comprehensive database that highlighted the current healthcare landscape. The process of finalizing facilities for the Model CAC centers was meticulous and collaborative. The DLCs played a crucial role in this selection, leveraging local knowledge, assessing community needs, and ensuring that the chosen facilities would provide safe, dignified, and accessible abortion and reproductive healthcare services. The selected facilities underwent additional technical and logistical preparations to meet the highest standards of care, privacy, and medical professionalism. A rigorous feasibility assessment was undertaken at potential facilities to evaluate their suitability for transformation into safe abortion and care centers. This assessment involved a multi-dimensional evaluation of physical infrastructure, medical equipment, staffing capabilities, privacy considerations, and alignment with national and state-level healthcare standards. The team conducted thorough on-site

inspections, technical reviews, and consultations with healthcare administrators to identify existing service gaps, infrastructure limitations, and potential opportunities for establishing model CAC centers. To ensure a user-centered approach, the project team organized focused group discussions with potential beneficiaries, creating safe and confidential spaces for women to share their experiences, concerns, and expectations regarding reproductive healthcare services. These discussions provided invaluable qualitative insights into the community's needs, cultural sensitivities, and potential barriers to accessing abortion and reproductive health services. Complementing the beneficiary discussions, the team conducted a comprehensive observation and survey among ASHA (Accredited Social Health Activist) workers. These frontline health workers provided critical ground-level perspectives on reproductive health challenges, community dynamics, and the practical implementation of healthcare services. Their insights were instrumental in refining the model CAC center strategy, ensuring that the proposed centers would be responsive to local community needs and cultural contexts. These comprehensive efforts during the second project period have laid a robust foundation for improving women's access to safe abortion and reproductive healthcare services in Manipur. By combining strategic planning, community engagement, and a deep understanding of local contexts, the project has taken significant steps towards creating more supportive and responsive healthcare infrastructure for women in the region