



Assessment of Postabortion Care Services in Four Francophone West Africa Countries

POLICY BRIEF
September 2014

Background

Francophone West Africa has some of the highest maternal mortality and abortion rates in the world. The provision of high-quality postabortion care (PAC) services is proven to reduce maternal mortality and morbidity due to abortion complications. PAC services—when provided according to the US Agency for International Development’s (USAID) service delivery model for PAC—also help to avert repeat unplanned pregnancies and the cycle of repeat abortions by offering family planning (FP) counseling and contraceptives at the time and location where emergency abortion complications are treated.

USAID’s Service Delivery Model for Postabortion Care

1. Emergency treatment for complications of spontaneous or induced abortion
2. Family planning counseling and service provision; sexually transmitted infection evaluation and treatment; and HIV counseling and/or referral for HIV testing
3. Community empowerment through community awareness and mobilization

Despite the high impact of PAC services, countries in Francophone West Africa have long worked to overcome formidable challenges related to implementing and scaling up high-quality PAC services. An assessment of progress made by several West African countries in implementing the complete package of PAC services included in the USAID model was con-

ducted and presented at a conference, called *Best Practices to Scale up PAC for Lasting Impact*, in Saly, Senegal, in 2008.

At this meeting, participants, policymakers, and program managers drafted action plans detailing evidence-based strategies for strengthening PAC services in their respective countries.

From 2009-2010, countries implemented their action plans with limited technical assistance from partners working in the region and the support of an online platform for assistance with systematic scale-up, the Virtual Fostering Change Program. In 2012, USAID/Washington provided funding to E2A to assess the state of PAC programs in Burkina Faso, Guinea, Senegal and Togo, with a focus on the FP component.

Objectives

E2A’s assessment aimed to do the following.

- Assess facilitating factors and barriers for:
 - Successful introduction of postabortion family planning (PAC- FP) in target facilities.
 - Sustainability of PAC-FP in target facilities.
- Make programmatic recommendations for PAC-FP implementation in low-resource countries.

Assessment Methodology

The assessment focused on key areas identified in each country’s action plan, including those related to service delivery, human resources, commodity security, health information systems, and financing. E2A’s assessment methodology involved a three-pronged approach: desk review,

qualitative key informant interviews, focus group discussions (FGDs), and a review of quantitative data from the facility registers.¹ The desk review guided the development of qualitative assessment tools, and helped to identify key informants to interview at target health facilities and hospitals in each country. Key informants included country team members who played a part in developing the action plans for strengthened PAC services at the 2008 regional conference, Ministry of Health policymakers, and PAC champions. E2A held FGDs with service providers at target facilities and examined statistics recorded in the PAC-FP registers of target facilities at three points in time: in 2008, before the action plans were developed; in 2010, as the action plans were being implemented; and, in 2012, after the action plans had been implemented in order to assess sustainability.

E2A Assessment Areas

Service Delivery – separate PAC room, supervision, management

Human Resources – trainings: in-service and pre-service

Commodity Security – Manual Vacuum Aspiration kits and family planning supplies

Health Information Systems – integrating PAC indicators in PAC-FP register

Financing – cost to client

¹E2A conducted a total of 44 key informant interviews (Burkina Faso - 11, Guinea - 8, Senegal - 13, Togo - 12) and 14 FGDs (3-4 in each country) with a total of 90 participants (Burkina Faso - 30, Guinea - 18, Senegal - 15, Togo - 27).

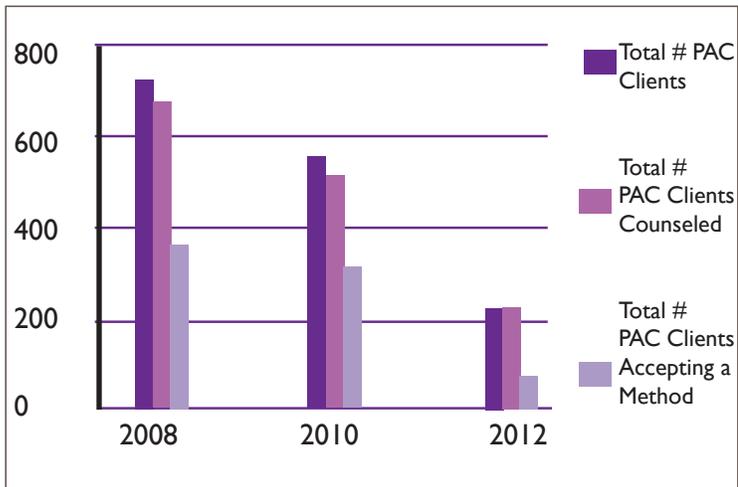
Key Findings

The key findings present information gleaned from triangulating the data from key informant interviews, FGDs, and client register reviews. The data relate to the current status of PAC services from target health facilities and hospitals in each country. The four graphs

below show PAC service statistics [(1) number of PAC clients who received emergency treatment; (2) number of PAC clients who received FP counseling; and (3) number of PAC clients who accepted an FP method] from these four countries.

Burkina Faso

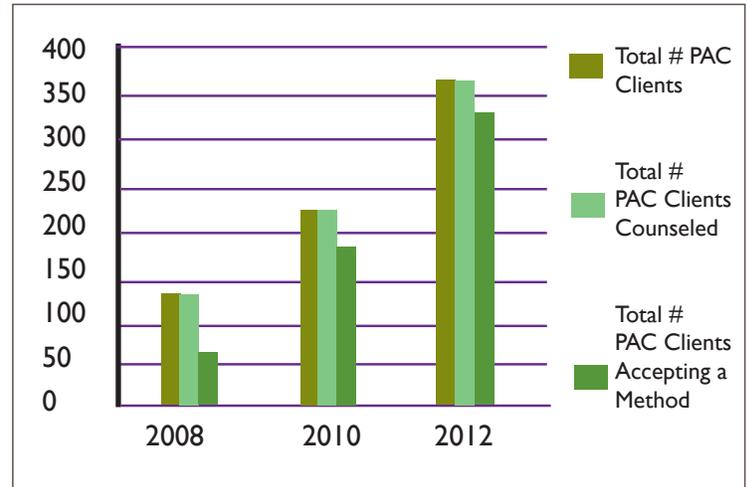
PAC-FP Client Register Statistics from CHU-YO, CMA Kossodo, and CMA Sector 30, January – June 2008, 2010, 2012



Problems with record keeping of client registers and declining numbers of PAC clients due to improved access to FP services—suggested by health care providers.

Guinea

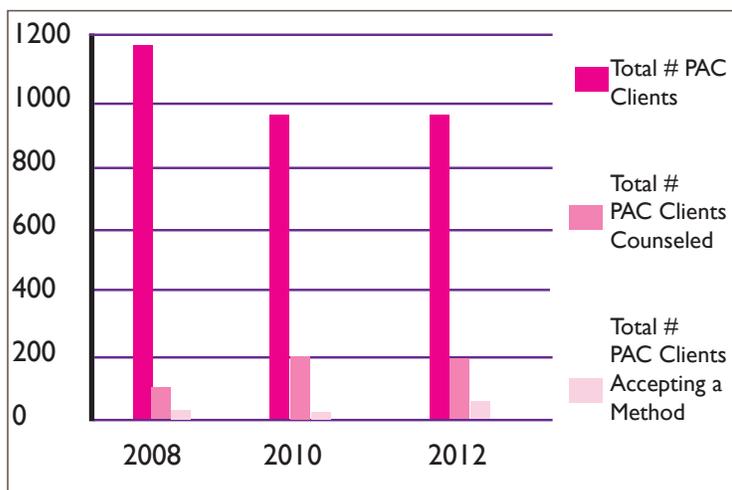
PAC-FP Client Register Statistics from CMC Ratoma, CMC Minière, and CMC Matam, January – June 2008, 2010, 2012



Jhpiego's Standards-Based Management and Recognition approach contributed to the significant progress in increasing numbers of PAC clients counseled and receiving a FP method at point of treatment—suggested by health care providers.

Senegal

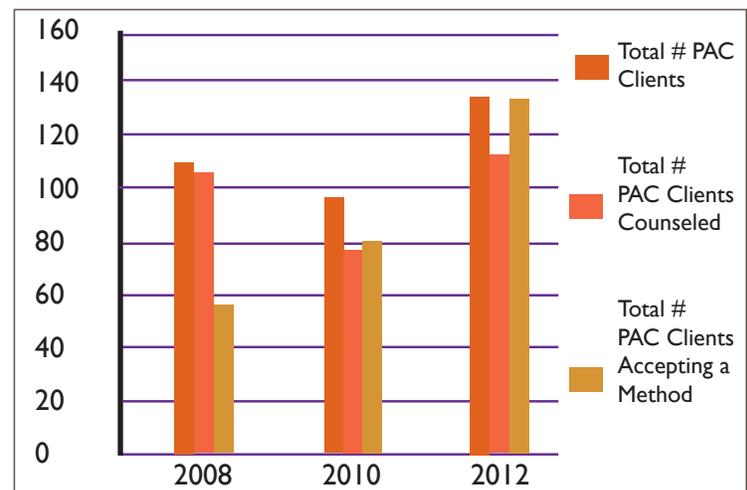
PAC-FP Client Register Statistics from Regional Hospitals at Thiès and Roi Baudouin, January – June 2008, 2010, 2012



Maintaining good records was a challenge and the likely cause of low reporting—suggested by health care providers.

Togo

PAC-FP Client Register Statistics from CHU Kara, CHR Tsévié, and CMS Kévé, January – June 2008, 2010, 2012



Poor record keeping and lack of an official client register led to some irregularities in the data recorded, including reporting of a lower number of clients receiving counseling than accepting a method—suggested by health care providers.

²Total number of PAC clients counseled and acceptors not recorded for Roi Baudouin (2008 and 2010); Numbers of FP acceptors for 2008 (n=3) and 2010 (n=8) limited to Thiès; PAC clients counseled and FP acceptors recorded for both facilities in 2012.

Service Delivery

Reorganizing PAC services to ensure a private space for clients is essential to the delivery of a high-quality PAC program. While larger, more well-resourced facilities (national, regional, and teaching hospitals) were often able to assign a separate room for PAC services in the four countries, those at district and sub-district levels found it challenging to do so. The findings demonstrate, however, that relatively simple adjustments can be made to accommodate either a separate room, or at minimum, ensure privacy for the PAC client.

Also essential to high-quality PAC services is the delivery of preventative FP counseling and services during PAC. In Burkina Faso, Togo, and Senegal, clients received FP counseling at point of treatment but had to go to a separate facility pharmacy to purchase any contraceptive other than oral contraceptive pills, which were offered at point of treatment. This structure compromised the quality of PAC services offered by impeding the delivery of a broad mix of contraceptive methods at point of treatment. In Guinea, however, contraceptives were available in the independent PAC unit, an achievement reached through strong and consistent support from facility management. The improvements demonstrated by Guinea are a significant achievement that can serve as a learning experience for other countries.³

Human Resources

In-service training was essential to guaranteeing a workforce capable of safely and successfully treating postabortion complications. Ministry of Health and some maternity staff received PAC trainings during their in-service programs. PAC was unavailable 24 hours a day, 7 days a week in all facilities, however, because all maternity staff were not trained. The inclusion of PAC-FP training modules in pre-service and in-service midwifery training manuals, in particular, supported programmatic success. Additionally, supervision from facility and Ministry of Health supervisors improved the quality of services in all four countries.

Commodity Security

Despite the presence of trained staff, inadequate numbers of functional Manual Vacuum Aspiration (MVA) kits deterred

the provision of safe PAC and affected staff morale. The exclusion of FP methods at point of treatment was also a formidable barrier to program success. While progress was made in all countries to forecast commodity needs, stock-outs among PAC services, especially at the peripheral health facilities, continue. PAC champions in the four countries have therefore advocated for facility- or PAC unit-based stock management systems.

Health Information Systems

Inadequate monitoring resulted in scarce progress tracking, problems not being communicated and solved, and the exclusion of FP products from the registers. While Burkina Faso, Guinea, and Senegal used standardized PAC client registers from the Ministry of Health, Togo did not have a formal PAC client register. Instead, each facility in Togo created a client register modeled on the university hospital register. Overall, few concerted efforts were made to improve record keeping.

Financing/Cost to Client

Across the four countries, FP methods were not free. Although in some countries donor agencies provided contraceptives for free to the government, the actual cost to the client was often high because of government cost-recovery systems. Cost remained a major barrier to the purchase of contraceptives among PAC clients, who had to purchase their selected methods in addition to paying for emergency obstetric and other services. While costs varied across facilities, typically oral pills were the least expensive option with long-acting methods being the most expensive. Costs ranged from 200 – 300 CFA for injectables to 3,000 CFA for implants and nearly 10,000 CFA for the MVA procedure.⁴

Looking Ahead

The assessment results highlight the achievements and challenges countries have faced in implementing PAC services, irrespective of program maturity. A well-functioning PAC program ensures that PAC clients leaving a facility are counseled and are offered an FP method of their choice, as applicable. Consequently, all contraceptive methods must be available at point of treatment and all maternity service providers must be trained to counsel and

administer the client's chosen method. Strengthening service delivery and national health systems to ensure the availability of trained personnel and commodities at point of treatment is paramount to reducing maternal mortality and severe morbidity, improving maternal health and achieving Millennium Development Goal 5.

E2A continues to provide technical assistance in Burkina Faso and Togo to strengthen PAC services based on the assessment findings. In Burkina Faso, E2A is assisting the government with the development of a national PAC strategy that will serve as a foundation for the scale-up of high-quality PAC services. In Togo, E2A is working at several health facilities to improve the quality of PAC services by building the capacity of providers to provide high-quality PAC services.

Recommendations

- Ensure, in primary, secondary, and tertiary facilities, a separate PAC unit/private space and staff trained to conduct MVA and provide family planning services at the point of treatment.
- Conduct in-service training and revise pre-service midwifery and medical training curricula to include PAC services.
- Design and implement a facility- or PAC unit-based stock management system for MVA kits and contraceptive supplies.
- Standardize PAC client registers and monitor for data quality and data utilization.
- Review PAC user fees to ensure affordability for all women, especially for contraceptive methods including the more expensive long-acting reversible methods.

³The Standard-Based Management and Recognition approach applied in Guinea with assistance from Jhpiego helped improve the quality of PAC services.

⁴At the time of the assessment, 100 CFA was equal to about \$0.21 USD.

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship project for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

About the Policy Brief

This policy brief is derived from a comprehensive assessment report and accompanies four additional policy briefs, each of which focuses on one of the four countries where E2A conducted the assessment. The findings and recommendations from this policy brief can be applied by postabortion care programs around the world.

For access to the full assessment report and additional policy briefs, please visit the following web pages.

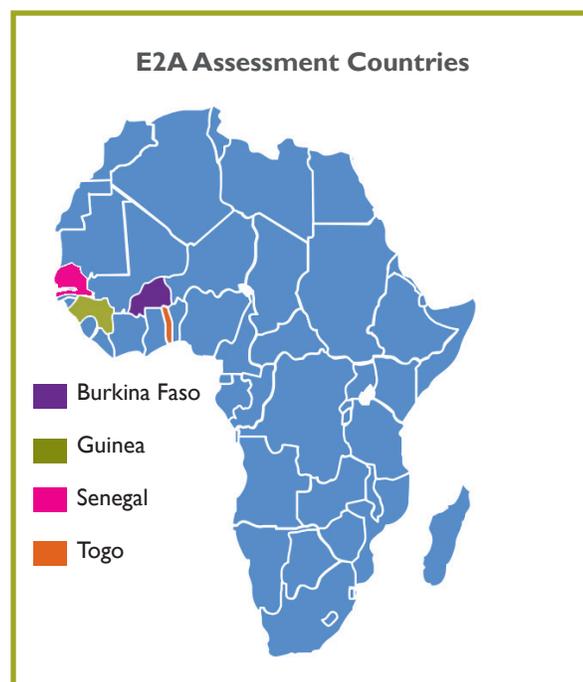
- **English:** www.e2aproject.org/publications-tools/assessment-of-postabortion-care-family-planning-west-africa.html
- **French:** <http://www.e2aproject.org/publications-tools/soins-aprs-avortement-evaluation-francais.html>

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EXPANDNET



Evidence To Action Project

1201 Connecticut Ave NW, Suite 700
Washington, DC 20036, USA
T: 202-775-1977
www.e2aproject.org
info@e2aproject.org

Pathfinder International

9 Galen Street, Suite 217
Watertown, MA 02472, USA
T: 617-924-7200
www.pathfinder.org