E2A in Togo: Improving the quality of postabortion care services

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 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.

www.e2aproject.org

Background

Like others in West Africa, Togo’s public health system has been working hard to guarantee that postabortion care services are delivered in a safe, effective, and accessible way, which includes the assurance that family planning counseling and a range of contraceptive methods are offered at the same time and location as treatment for incomplete abortion.

Postabortion care, of course, comes on a long list of priorities that Togo must undertake to improve the health of its population. E2A, along with several other partners in Togo, has therefore worked alongside the country’s Division of Family Health to keep postabortion care services in the spotlight and ensure all women seeking postabortion counseling and contraceptive services. As a high-impact practice recognized by USAID, postabortion care is meant to inherently include family planning counseling and provision of methods, although many countries, including Togo, have struggled to fully incorporate high-quality family planning services.

Quality Improvement Evidence for change

E2A first conducted an assessment in Togo in 2012 (alongside assessments of postabortion care services in Burkina Faso, Guinea, and Senegal) to identify areas where postabortion care services could be improved. Among its findings, E2A found that postabortion care services in Togo were challenged by:

- The inability to offer postabortion care services in a separate space from the maternity delivery room.
- Limited capacity among providers to offer counseling and a full range of contraceptive methods at point of treatment.
- Family planning counseling and services that were limited to oral pills and condoms, and only for clients who had a self-induced abortion.
- The cost charged to postabortion care clients for purchase of contraceptive methods.
- The lack of a national standardized postabortion care register, poor data, and lack of data use for decision making.
- Limited capacity for monitoring and evaluation of postabortion care services.

Togo Health Indicators

Modern contraceptive prevalence, married women: 16.7%*
Unmet need for family planning: 34%*
Adolescent fertility rate: 88 births/1,000 women aged 15-19**
Maternal mortality: 401 deaths/100,000 live births*

** Population Reference Bureau, “The World’s Youth: 2013 Data Sheet.”
E2A disseminated findings from its assessment to the Division of Family Health and staff from district health offices and health facilities, including those that took part in the assessment. To rectify the aforementioned challenges, a country team from Togo developed a roadmap for improving postabortion care services at a regional workshop co-hosted by E2A in October 2013, where the assessment results were presented.

Taking evidence to action
E2A is now assisting Togo with activating that roadmap by increasing access to postabortion care-family planning services, expanding the method choice offered during postabortion care to include long-acting reversible contraceptives, and generally improving quality, with a focus on youth-friendly postabortion care services.

E2A has worked with six health facilities to improve the quality of postabortion care services, and has appointed a three-person quality-improvement team at each of the facilities: one who is in charge of family planning at the facility, the other who oversees the maternity ward, and the district supervisor for family planning and reproductive health. E2A has also established a quality-improvement team at the Division of Family Health that is responsible for monitoring at each facility.

E2A supported a four-day training with representatives at the Division of Family Health and target facilities on quality improvement, where they identified specific performance gaps at their facilities and developed action plans for improvement. Twenty-three national and district supervisors, which included the representatives from the Division of Family Health, were also trained on facilitation skills and use of IntraHealth International’s Optimizing Performance and Quality tools to strengthen postabortion care service delivery. After the training, quality-improvement processes were initiated at each facility, including a presentation of objectives for improvement to facility managers and colleagues. E2A then conducted site visits to support the quality-improvement teams with initiation of the action plans. During those visits, E2A shared key messages with service providers on:

During the 6 months following the 4-day quality-improvement training:

- Family planning acceptors rose from 25% to 68% among postabortion care clients, and of acceptors, uptake of long-acting methods (mostly implants) was 60%.
- 45% of postabortion care clients were youth aged 12-24, and of those youth, 87% accepted a contraceptive method.
- the need for family planning (regardless of whether the abortion was provoked induced or spontaneous);
- return to fertility after abortion; and
- the importance of pregnancy spacing and method eligibility criteria for postabortion care.

Additionally, all target facilities now report using standardized postabortion care registers, after E2A had adapted and translated the postabortion register from the PAC Global Resource Center for use in Togo. E2A also conducted postabortion care and contraceptive technology updates for the quality-improvement teams with emphasis on long-acting methods.

E2A and the Division of Family Health continue to provide on-site and virtual support to the quality-improvement teams. E2A monitors monthly service data from each facility that covers clients by age, management of abortion complications, family planning counseling and contraceptive uptake by method type, and management of other reproductive health problems. E2A reviews progress made on action plans and facilitates peer-to-peer support.

E2A is working with the Division of Family Health and other relevant stakeholders to share results and to institutionalize these quality-improvement measures in district health planning and supervision. Once institutionalized, the Division of Family Health plans to develop a systematic scale-up strategy to improve postabortion care services at other health facilities.