Supporting Access to Family Planning and Post-Abortion Care in Emergencies

Goal

The Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAF PAC) initiative aims to reduce both unintended pregnancies and deaths from unsafe abortion during emergencies by: 1) increasing CARE's organizational leadership and capacity to support and sustain family planning, post-abortion care and reproductive health services, with a focus on the MISP, in emergency response efforts[1]; and, 2) improving coverage, quality and utilization of these services in emergencies. In line with CARE's commitment to reducing poverty by empowering women and girls, SAF PAC will enable CARE to integrate essential reproductive health services into its new and onging humanitarian emergencies, beginning with a special focus on three countries with critical needs: the Democratic Republic of the Congo (DRC), Chad and Pakistan.

Background

During emergencies, women have an increased risk of unwanted pregnancies due to lack of access to contraceptives, lack of control over their situation, and sexual violence. In these situations, women opting to terminate a pregnancy often are forced to resort to unskilled providers in unsafe and unhygienic conditions, putting them at great risk.[2] The United Nations Population Fund (UNFPA) estimates that 25-50 percent of maternal deaths in refugee settings are due to complications of unsafe abortion.[3] The risk is particularly acute during conflicts in which rape is used as a weapon and tactic of war, as has been the case in 36 recent conflicts.[4] When providing humanitarian aid, nongovernmental organizations (NGOs) and governments often do not meet the need for RH services. The recommended interventions in the minimum initial service package (MISP)[5] for reproductive health (RH), including family planning and post-abortion care, may be unavailable because other emergency needs receive

[1] This refers to a continuum of activities from helping communities prepare for and mitigate the impact of crises, to delivering initial life-saving services in acute emergencies, to providing support in protracted crises and through early recovery, and the transition to rehabilitation, reconstruction and longer-term development

[2] Approximately 1 in 4 women who undergo an unsafe abortion will experience a severe complication, which often leads to death. Source: The Guttmacher Institute. (1999) *Sharing Responsibility: Women, Society, and Abortion Worldwide.* Guttmacher: New York City. Available http://www.guttmacher.org/pubs/sharing.pdf

[3] http://www.ipas.org/Publications/asset_upload_file356_3966.pdf

[4] Cassandra Clifford, Presentation at the 7th Global Conference on Violence and the Contexts of Hostility: Rape as a Weapon of War and It's [sic] Long Term Effects on Victims and Society, Budapest Hungary (May 5-7, 2008), available at: http://ts-si.org/files/BMJCliffordPaper.pdf.

[5] The MISP was developed by the Inter-agency Working Group (IAWG) on Reproductive Health in Refugee Situations.

higher priority and because a lack of trained providers and supplies combined with socio-cultural barriers limit the uptake of services even when they are available.

SAF PAC builds on the RAISE Initiative (Uzazi Bora – "safe delivery") which delivered comprehensive RH services, including family planning (FP) and post-abortion care (PAC), in Maniema Province in DRC from 2007-2011 with funding from SAF PAC's donor. During this period, CARE greatly increased its institutional capacity for implementing high-quality RH responses in emergencies. As a result, CARE possesses institutional tools, resources and partnerships to facilitate delivery of the MISP during emergency responses. For example, the CARE Emergency Toolkit, which is a comprehensive collection of policies, guidelines and tools for staff to use during emergency response, now addresses RH and the presence in headquarters of two full-time, technical staff who are trained to deliver RH in emergencies has increased demand from country offices for such services.

Objectives

The SAF-PAC program has ten specific objectives that will generate key deliverables and measurable results:

1. To increase capacity of targeted CARE HQ staff, regional staff, and country-level health providers to deliver FP and PAC in emergencies
2. To increase the delivery of FP and PAC in new emergencies
3. To increase funds available for FP and PAC in emergencies
4. To Increase use of management information data for programmatic decision-making
5. To increase the number of new users of modern contraceptive methods
6. To ensure all women who come to a health facility supported by the project experiencing complications from abortion receive PAC services
7. To increase the proportion of PAC clients who accept a modern method of family planning
8. To increase the proportion of PAC clients who accept a modern family planning method and who are provided a long-acting method.
9. To ensure that each health facility supported by the project has the necessary supplies, medicines, and equipment to provide FP and PAC
10. To ensure that 80% of trained providers will achieve high performance standards and provide on average at least one PAC service and at least eight FP consultations per month

Implementation Approach

SAF PAC's implementation approach has three components: 1) building organizational structures and processes that will support and sustain improved reproductive health outcomes in emergencies; 2) improving health delivery and strengthening health systems; and 3) reducing barriers to the utilization of quality reproductive health services.

Building organizational structures and processes

In order to build structures and processes that support improved reproductive health outcomes in emergencies, SAF PAC engages with internal stakeholders (e.g. CI's Emergency Strategic Implementation Group) and external stakeholders (e.g. IAWG on Reproductive Health in Crises, Global Health Cluster) to advocate for a stronger focus on SRH during all phases of emergency response (planning, preparation, initial response and early recovery and transition), implement existing standards and tools such as the minimum initial service package (MISP) for RH in emergencies, and to develop and test innovativestrategies and tools (e.g. implementation guidelines) to support these efforts. At the same time, SAF PAC is building the capacity of CARE staff, both globally and in countries most at risk of conflict and disaster, to directly support emergency responses, provide technical assistance for integrating SRH into country-level emergency responses, and to build and disseminate a body of knowledge on effective approaches for achieving program objectives in emergency preparedness, response, transition to development within the various contexts of conflict and natural disaster related disasters.

Improving health delivery and strengthening health systems

SAF PAC works to increase the quality and uptake of reproductive health services by strengthening the health system and reducing barriers to the utilization of quality reproductive health services. SAF PAC strengthens the health system by ensuring that quality SRH services are available at mutiple delivery points (i.e. communities, first-level health facilities and referral hospitals) and integrated into maternal and child health services that span the continuum of care (e.g. antenatal care, delivery, postnatal care, immunization and well-baby visits). In order to strengthen the delivery of SRH services, SAF PAC focuses on enhancing provider performance, supporting the collecton and use of monitoring data to improve service delivery, increasing accountability between communities and service providers and ensuring the supply of essential SRH equipment and supplies. SAF PAC created a training & suport program for SRH service providers (physicians and nurses) that comprises competency-based clinical training on family planning and post-abortion care (including counseling to promote uptake); facilitative supervision and performance monitoring; and follow-up training based on the results of performance assessments. SAF PAC also trains outreach workers (e.g. community health volunteers, traditional birth attendants and midwives) to deliver correct FP and PAC messages and provide timely referrals. Similar to health service providers, community outreach workers are supervised and provided opportunities for on-going in-service support and training.

SAF PAC designed and implemented a monitoring system that faciliates the data collection, analysis and decision making at the point of service delivery. This enables health service providers and supervisors to monitor individual and facility performance (e.g. supervisory checklists), identify where improvement is needed, and make apprpriate changes. Partnership Defined Quality (PDQ) is a participatory, quality improvement methodology that brings community stakeholders and health service providers together to identify community needs and barriers to service and to jointly implement solutions for improving quality. By linking quality improvement and community mobilization, PDQ serves two important purposes: improving the quality of service provision and increasing awareness and utilization of the services by the community. As weak supply chains seriously

compromise service delivery, SAF PAC is working closely with government, international suppliers and other WHO-approved partners (particularly UNFPA and local suppliers) to identify problems in the logistics system and to develop a robust supply chain for contraceptives, MVA kits and other SRH supplies necessary to provide a full range of family planning methods and quality PAC services in project areas and all emergency responses with an SRH component

Reducing barriers to the utilization of quality reproductive health services

In order to ensure that FP and PAC services are available to all women who need them, it is necessary to increase demand for these services as well their supply. Certain social norms and practices may inhibit women from demanding and seeking these services. For example, gender inequities may constrain women's ability to make decisions about seeking reproductive health services and provider biases may result in services that are not delivered in a respectful and sensitive manner. SAF PAC employs Social Analysis and Action (SAA), an approach developed by CARE, to identify and challenge community- and facility-baed socio-cultural barriers to the utilization of FP/PAC/SRH services. SAA guides participants through a series of reflection and dialogue sessions to explore social and gender norms that influence reproductive decision-making and practices; challenge norms that may impede good SRH; and take concrete steps to address community and social barriers to positive SRH outcomes. SAF PAC utilizes SAA to engage CARE staff and health providers in an examinaton of their own attitudes and norms around gender and sexuality before they begin conducting dialogue activities with the community and providing FP and PAC services, respectively. In addition to SAA, female and male community outreach workers are employing innovative, evidence-based strategies such as entertainment-education[6], group dialogues, and motivational interviewing[7] to raise awareness of danger signs and complications associated with pregnancy, unsafe abortion or miscarriage activities and to provide information about obtaining SRH services. Special efforts will be made at both the facility and the community level to involve men in discussing and supporting healthy timing and spacing of pregnancy, contraceptive use, and use of SRH services especially for pregnancy-related emergences.

Monitoring & Evaluation

Three separate program components will be monitored and evaluated in this program: 1) CARE's integration of and capabilities to support RH in emergency response; 2) delivery of RH services in acute emergencies; and 3) provider performance and delivery of RH services in the three focus countries.

[6] Singhal A & Rogers EM. Entertainment-Education: A Communication Strategy for Social Change. Mahwah, NJ: Lawrence Erlbaum Associates, 1999.

[7] Bundy, C. Changing behavior: using motivational interviewing techniques. *J R Soc Med* 2004;97(Suppl. 44):43–47, and Thevos AK, Quick RE, Yanduli V. Motivational Interviewing enhances the adoption of water disinfection practices in Zambia, ***Health Promotion International***. 2000;15 (3): 207-214

Integration will be assessed based on activities undertaken by CI, CARE USA, and country offices. Monitoring the delivery of RH services in acute emergency responses is limited by the very nature of an acute emergency response. CARE is collaborating with other response organizations to develop M&E systems. Modified health facility registers are utlized to capture data (e.g. the number of new users of modern contraceptive methods) on the delivery of FP and PAC services in the three focus countries. Health facilities plot data on key indicators on wall charts each month to assess progress and identify areas for improvement. Supervisory checkists and other tools are utilized to asses and feedback on provider performance. Direct observation of care delivery, exit interviews of clients, and in-service assessments are conducted periodically to collect data on the quality of counseling and interpersonal communication, whether clients are treated with respect, and the provider's competence in delivering services. Program managers review administrative and service delivery data with their government counterparts to review progress. Inadequate progress triggers further assessment using quality improvement methods, such as: assessment of the processes through which care is sought and delivered; identifying potential problems or bottlenecks; developing and implementing a solution; and monitoring whether performance improves. SAF PAC will conduct a program evaluation at the end of the project period to assess progress, review successes and areas where improvement is needed, document lessons learned, and make recommendations that will improve the next project phase.

Partners

CARE will collaborate with partner organizations supported by the Foundation (the International Rescue Committee, Merlin, Save the Children and Columbia University) at country and global levels in order to develop common tools (health facility assessment, training follow-up, facilitative supervision, monitoring and quality improvement), share learning and solve problems, which will contribute to a broader program impact. Other key partners include UNFPA and the Interagency Working Group (IAWG) for RH in emergencies.