Supporting Access to Family Planning and Post – Abortion Care (SAFPAC): Sexual and Reproductive Health in Emergencies

About SAFPAC
Keywords: SRH in Emergencies, post-abortion care, family planning

BACKGROUND Sexual and Reproductive Health (SRH) is one of four priority sectors in CARE’s humanitarian response strategy. SAFPAC is CARE’s flagship project on SRH in Emergencies (SRH-E), which contributes to CARE’s commitment to the needs and rights of women and girls. SAFPAC works in locations that are affected by crisis or that suffer acute emergencies. The project works mainly in Chad, Djibouti, the Democratic Republic of the Congo (DRC), Mali and Pakistan, with acute responses in countries like Syria and South Sudan.

OBJECTIVE SAFPAC aims to build CARE’s organizational leadership and capacity to support provision of family planning (FP), post-abortion care (PAC) and reproductive health services in emergencies, all while improving access to and quality of FP and PAC services in emergency-affected settings.

STRATEGIES Through collaboration with local government health facilities, and within the context of our comprehensive services, SAFPAC focuses on improving women’s access to oral contraceptive pills, injectable contraceptives, implants and IUDs as well as permanent methods. The project also provides FP after abortion. SAFPAC’s strategy of providing high quality FP and PAC services includes four main elements:

1. Providing competency-based training on FP and PAC counseling and clinical skills to providers followed by clinical assessment and mentoring;
2. Ensuring the continuous supply of the full range of contraception methods and resources;
3. Conducting systematic facility and provider supervision on a regular basis in partnership with local government health officials;
4. Mobilizing communities to raise awareness about FP and PAC, and change social and gender norms that limit women’s access to services.

KEY RESULTS
- From July 2011 to June 2015, SAFPAC provided more than 127,000 women with their choice of modern contraception, thus demonstrating the feasibility of delivering high quality family planning services in crisis-affected settings.
- Of new FP users, the majority chose long-acting reversible methods (IUDs and implants), with a relatively balanced method mix overall.

SAFPAC New Family Planning Users (Cumulative Jul ’11 - Dec’15)

Program Name: Supporting Access to Family Planning and Post-Abortion Care (SAFPAC)
Program Country: Chad, Djibouti, Democratic Republic of the Congo, Mali, and Pakistan
Timeframe: Jul 2011 – Dec 2015
Budget: US $27,712,672
Donors: Anonymous

Beneficiaries (through June 2015):
- 4 training centers built
- 76 clinical trainers trained
- 349 providers trained in FP/PAC
- 7,315 women received PAC
- 127,803 new FP users
There was a low prevalence rate of modern contraceptives in the majority of SAFPAC areas at the beginning of the project. A **sharp increase** in contraceptive uptake was seen in all countries after the first round of provider training was completed and community mobilization activities were initiated.

SAFPAC provided PAC services and FP counseling to over **7,000 women and girls** with complications resulting from a miscarriage or abortion. Over half of them (57%) also chose a modern FP method.

**HIGHLIGHT ON CHAD** Since obtaining independence in 1960, Chad has been involved in 12 wars, contributing to the country’s poor health and social indicators. Currently, Chad is host to approximately 300,000 refugees from Sudan and Central African Republic, which further stressed the country’s limited resources. Data from the 2004 DHS shows that the contraceptive prevalence rate of using modern methods in Chad is only 1.6%, and there is a high unmet need (23%).

The SAFPAC Chad project is implemented in two districts in the southern Chad: Gore and Danamadjì. Working closely with the local government health system, the project aims to increase availability and to ensure quality of reproductive health services and supplies. CARE procures and distributes the contraceptives and other supplies necessary to provide a full range of family planning methods and quality PAC services. Religious leaders and women’s associations conduct community awareness and sensitization activities around reproductive health.

To date, 40,566 new users of FP have been served by SAFPAC in Chad and a total of 2,388 women received PAC services, with over 60% percent (n= 1,461) of them obtaining a family planning method. In addition, the significant logistical challenges have been improved, with all facilities reporting less and less stock-outs of all commodities over time.

**CONCLUSION** CARE’s experience in delivering proven and cost-effective emergency and development programs has shown that success depends on a combination of efforts at the family, community, and health systems levels. Implemented together, the core strategies in SAFPAC’s approach have resulted in a highly effective and sustainable program that ensures access to high quality sexual and reproductive health services for women in some of the most challenging environments in the world.

**LINKS/RESOURCES**

SRMH Wiki: [http://familyplanning.care2share.wikispaces.net](http://familyplanning.care2share.wikispaces.net)

SAFPAC Internal Wiki (permission needed): [http://safpac.care2share.wikispaces.net/home](http://safpac.care2share.wikispaces.net/home)