

## PAC Connection Meeting Highlights

October 30, 2018

**Attendees:** Erin Mielke (USAID), Sam Nibali (USAID), Stacey Wallick (USAID), Sylvia Lynch (USAID), Claudia Conlon (USAID), Sylvie Perkins (USAID), Kuyosh Kadirov (USAID), Adrienne Allison, Alison Gatto (FP2020), Isha Datta (FP2020), Anne Pfitzer (Jhpiego), Bethany Arnold (Jhpiego), Mark Hathaway (Jhpiego), Ricky Lu (Jhpiego), Blami Dao (Jhpiego), Deborah Sitrin (Jhpiego), Boniface Sebikali (IntraHealth), Douglas Huber (Consultant, PAC-FP Project), Erick Yegon (EngenderHealth), Grace Lusiola (EngenderHealth), Rehema Kahando (EngenderHealth), Japheth Achola (EngenderHealth), Elizabeth Tully (Johns Hopkins CCP), Sarah Harlan (Johns Hopkins CCP), Halida Akhter (Johns Hopkins Bloomberg School of Public Health), Nancy Harris (JSI), Tembi Mugore (Pathfinder International)

**Postabortion Family Planning HIP brief update [Request presentation](#)** – Erin Mielke, *Office of Population and Reproductive Health, USAID*

Erin discussed the Postabortion Family Planning high impact practice (HIP) brief and the updates that will be coming in the forthcoming version. The updated version includes more recent citations and tips from field experience since the last revision in 2012. It will also include a theory of change graphic, additional detail on all postabortion contraceptive methods, more focus on institutionalization and scale-up, suggested HMIS indicators, and an updated list of tools and resources. Erin shared that USAID's postabortion care (PAC) Model has been removed, as the brief focuses specifically on just the postabortion family planning component, but the model still applies to USAID PAC programs more broadly. If you have recommended tools to address stigma, please send them to Erin Mielke.

The updated HIP brief is expected to be published by January on the [HIPs website](#). The brief will be shared at the next HIP TAG and Partners meeting at the end of November.

**Journal Supplement Update**– Douglas Huber, *PAC-FP Project*

Douglas shared that the articles for the journal supplement to the Global Health: Science and Practice are innovative and have a lot of variety among them. The articles focus on: social and behavior change, delivering LARCs in humanitarian crisis settings, costing analysis of postabortion family planning, and client and provider perspectives, and an overview by WHO. The journal supplement will likely be published in April and if you are interested in serving as a reviewer, contact [Douglas](#).

**What data are in National Health Management Information Systems? Findings on Postabortion and Postpartum FP [Request presentation](#)** – Deborah Sitrin, *MCSP, Jhpiego*

Deborah shared the results from a multi-country HMIS review, which was conducted to understand which countries are collecting global indicators and how to use that data to track progress towards global family planning goals. The results also aim to assist the specific countries in looking at what indicators should be added, removed, or revised during the next round of HMIS revisions.

The reviewed included 18 countries (Afghanistan, Bangladesh, DRC, Ethiopia, Haiti, India, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Pakistan, Rwanda, Tanzania, Uganda, Zambia) and results found that half of the countries report postpartum family planning indicators but very few report postabortion family planning indicators. Deborah shared that the addition of the postpartum family planning indicators is relatively recent and has seen more momentum. When these indicators for postpartum and postabortion family planning are being tracked, there is variation between countries in where the information is recorded.

Deborah emphasized that the study did not look at data completeness or quality, as that was beyond the scope of this study.

If anyone has updated information or tools to share on the focus countries, please share with [Deborah](#).

**PAC-FP Experiences in Decentralizing PAC Training in Tanzania** [Request Presentation](#) – Erick Yegon, *PAC-FP Project*

Erick shared the experiences of the PAC-FP Project in decentralizing PAC training in seven facilities across Tanzania – in Mwanza, Geita, and Zanzibar. The rationale for the decentralization was to create ownership of the PAC training at the district level and ensure sustainability, therefore resulting in more trainings, more skilled providers, continuing medical education opportunities, reduced skills gap, increased quality of service provision, and increased cost effectiveness.

Erick outlined the intervention and the training model that were used across the facilities. Since December 2017, this program has trained 16 new providers, refreshed 26 existing providers, provided information to 72 providers at the established learning corners, increased funding from Results-Based Financing for four facilities, and facility managers have reported improved morale for providing PAC-FP services.

The next steps for the PAC-FP Project in this activity are to track clients served by providers and compare uptake of methods, track providers and document their experiences post-training, document cost effectiveness of decentralized training, and work with the Ministry of Health on scale-up.

**Overview of Postabortion Family Planning and Care Sessions at ICFP** – Elizabeth Tully, *K4Health Project, Johns Hopkins CCP*

Elizabeth provided an overview of the poster sessions and presentations that will be shared at this year's International Conference on Family Planning, related to PAC and postpartum family planning.

**PAC-FP Project: A Preview of ICFP Oral/Flash and Post Presentations** [Request Presentation](#) – Dr. Japheth Achola, *PAC-FP Project*

Dr. Achola provided an overview of two oral presentations and 2 poster sessions that will be given at the International Conference on Family Planning in November 2018 in Kigali, Rwanda.

One oral presentation is titled, *Strengthening post abortion care – expanding treatment methods and voluntary contraceptive method choices in Zanzibar, Tanzania: A pre-post evaluation*. This presentation will discuss a program that strengthened the provision of PAC through the use of client feedback. They developed guidelines,

protocols, and training curricula and their interventions aimed to promote task shifting, improve quality of services, increase method choices, and increase uptake of voluntary postabortion family planning. Through this, there was an increase in PAC clients served in lower-level facilities (from 32% to 51%), there was an increase in treatment of abortion-related complications (from 19% to 56%), and there was a large increase in uptake of voluntary family planning among PAC clients (from 11% to 69%).

The second oral presentation as part of a flash round is titled, *Women's experiences of and perspectives on postabortion care and postabortion family planning at public and private facilities in Dakar, Senegal*. This presentation will share the results of quantitative exit interviews and qualitative in-depth interviews conducted at eight facilities in order understand clients' experiences and perspectives and in turn, improve delivery of PAC including FP. Through this review, they found that voluntary contraceptive uptake among PAC clients remains low at 48.5%. They also found that client perceptions regarding quality of care for PAC is directly related to client experiences and aspirations, the context of the abortion, and the provider-client interaction.

The PAC-FP Project will also have two poster sessions titled, *Strengthening postabortion care by expanding voluntary postabortion family planning method choice to include LARCs for women in Tanzania* and *Provider's experiences on postabortion care and postabortion family planning at public facilities in Dakar, Senegal*.