PAC Connection Meeting Highlights

January 20, 2015

Attendees: Carolyn Curtis (USAID), Erin Mielke (USAID), Claudia Conlon (USAID), Ellen Israel (Pathfinder International), Jane Ebot (USAID), Alanna White (USAID), Sara Mazursky (Johns Hopkins CCP, K4Health), Ann Hirschey (USAID), Kimberly Cole (USAID), Kuhu Maitra (ABT Associates), Defa Wane (EngenderHealth), Anne Pfitzer (Jhpiego), Melanie Yahner (EngenderHealth), Grace Lusiola (EngenderHealth), Douglas Huber, Oscar Cordon (Chemonics), Mychelle Farmer (Jhpiego), Trish MacDonald (USAID), Patrice White (ACNM), Elizabeth Tully (Johns Hopkins CCP, K4Health), Debra Dickson (Johns Hopkins CCP, K4Health), Anna Mackay (Marie Stopes), Judith Helzner, Adrienne Allison (World Vision)

Welcome and Opening Remarks – Ann Hirschey, *Director of Service Delivery Division, Office of Population and Reproductive Health, U.S. Agency for International Development (USAID)*

Upon opening the meeting, Ann commented on the great achievement of the updated Consensus Statement – Post Abortion Family Planning: A Key Component of Post Abortion Care. She highlighted the need of more promotion of the Postabortion Family Planning HIP brief and the criticalness of postabortion family planning to reduce maternal mortality.

PAC and EPCMD and AIDS Free Generation – Oh my! – Carolyn Curtis, *Postabortion Care Champion/USAID*

This presentation began with an overview of USAID's priority areas – protecting communities from infectious diseases, saving the lives of mothers and children, and creating an AIDS free generation and how postabortion family planning can help countries to meet their EPCMD goal. Carolyn provided USAID's technical approaches for proven interventions to tackle maternal health and family planning and to meet the goals of reducing maternal deaths to 70/100,000 by 2030 and meeting 75% of the demand for modern contraception by 2030. The causes of maternal and newborn death were discussed with 9% of pregnancy related maternal deaths due to unsafe abortions. Thirty five percent of newborn deaths are due to prematurity. Postabortion family planning services can address underlying causes of prematurity which include young and old maternal ages (<18 and >35); maternal anemia and nutrition; poor birthspacing. The presentation also discussed abortion rates, rate of pre-abortion family planning use, and family planning uptake after postabortion family planning counseling gathered from recent data. Several PAC-related resources were shared to remind the audience of important and useful documents that can be used and shared in programs.

Launch – Postabortion Family Planning Project – Grace Lusiola, *Project Director, EngenderHealth*

Grace's presentation started with background information on unintended pregnancies and postabortion care including family planning. She highlighted the need to increase the use of long-acting and permanent methods (LA/PMs) for higher continuation rates to reduce unintended pregnancies. She discussed a particular finding from Tanzania where 87% of PAC clients were counseling on family

planning but only 8% of those chose a LA/PM. Grace then shared the details of the new Postabortion Family Planning Project that aims to increase informed and voluntary postabortion use of LARCs/PMs in Tanzania and up to two other countries, to be determined. She shared the intended activities and the goals for each phase of the project.

Guinea Study on FP/LARC Integration into PAC Services – Anne Pfitzer, *Family Planning Technical Team Leader, Jhpiego*

This presentation focused on a study done in Guinea that researched: the amount of health facilities offering the full range of methods including LARCs, the staffing and abilities of health workers to offer quality services, the enablers or constraints for health system integration, and the effect of differential program support on study results. Anne shared the methods and many results from this study including: the characteristics of respondents, proportion and characteristics of health facilities with PAC services, PAC facility staffing and training, provider knowledge and skills, supervision in the health facilities, and an equipment and supplies inventory. This particular study found that in Guinea there is good family planning integration and good uptake of LARCs. Staffing is not correlated with family planning integration and on-the-job training has helped sustain PAC services. Coverage is found in urban localities and there are significant systems challenges in terms of equipment and supplies reporting.

PAC Consortium Update – Defa Wane, *Director, Strategy and Program Innovation, EngenderHealth*

This presentation shared recent activities and 2015 priorities of the PAC Consortium. The Consortium recently held a youth-friendly PAC webinar that shared experiences from Pakistan and Sierra Leone. The annual meeting took place in November and focused on addressing the stigma and quality of care issues through a rights-based approached. Program experiences were shared from Nepal, Rwanda, and Mexico. Lastly, a new task force was launched to address community and stigma. Defa discussed the Consortium's priorities for 2015 which include: continued growth in membership, continued social media presence, collaboration with FIGO, WHO, and other partners, PAC Consortium website refresh, and holding an orientation on EngenderHealth's integration approach for PAC Consortium members. Defa also shared several task force priorities for this year as well as different ways to get involved with the Consortium.

Traffic to New PAC Resource Package Website, Elizabeth Tully, *Knowledge for Health (K4Health) Project*

This presentation shared a snapshot of website traffic since the new PAC Resource Package website launched in early October. The website traffic shows a large increase of visits when the site was launched and announcements were sent out. Overall, the sessions (visits) and users (visitors) are up over 100% compared to the same time period last year. Pageviews on the site is up 35%. Quality indicators such as pages/session, average session duration, and bounce rate are down but that is not uncommon with a launch that draws many users through large promotion efforts. The presentation also highlighted the top 12 countries where users are coming from and the content that receives the most traffic.

Postabortion Family Planning: Twenty Years of Evidence from Postabortion Care: What Works, Douglas Huber, *Consultant*

This presentation focused on what works in postabortion family planning from more than 20 year of evidence. Douglas discussed the factors that dramatically increase voluntary postabortion family planning uptake – counseling and a range of methods at the time of PAC treatment and before leaving the facility and providing free contraceptives. He also shared in his presentation: the use of misoprostol and the appropriate contraceptive methods, reducing repeat abortion through counseling and LARC uptake, benefits of postabortion IUD insertion, and common omissions in counseling postabortion clients. In concluding this presentation, Douglas shared the elements of success or the characteristics of studies with high family planning uptake including free contraceptive supplies, in-service training, counseling and provision of a method at the point of treatment, and male involvement. He also highlighted the importance of monitoring & evaluation and documentation of PAC services.

Partner Updates

Pathfinder International, Ellen Israel

- Continues to integrate PAC into large FP RH integrated projects (mostly USAID-funded) – Ethiopia's Integrated Family Health Project, Strengthening Communities through Integrated Programming (SCIP) project in Mozambique, APHIA Plus in Kenya
- With support from Packard, Pathfinder, mobilizing attention and donor resources towards advancing contraceptive access in Myanmar, including promoting universal coverage and introducing post-abortion care.
- Continue to participate on steering committee of the PAC Consortium
- With private funding, 2 projects in DRC, both addressing vulnerability of girls and young women to SGBV and related unwanted pregnancy. Will develop pilot youth friendly PAC services using misoprostol for more coverage (with MVA as backup) and immediate contraceptive services within the PAC area without bias around youth sexuality. One in the East, DRC, one of SGBV capitols of the world, and the other in the Capital, Kinshasa

Evidence to Action (E2A) Project, Ellen Israel

- E2A recently disseminated results of a four-country assessment (Senegal, Guinea, Togo, and Burkina Faso) of post-abortion care and contraception services
- Following the USAID regional PAC meeting in Senegal 2013, where 7 country teams attended to assess progress from the previous gathering 4 years prior. At that workshop all teams developed action plans/road maps to move PAC forward from the gains that had been made. E2A is working with Burkina Faso and Togo as a follow-up to this meeting
- July 2014 - the PAC assessment report was disseminated to stakeholders in Togo. The dissemination meeting was attended by 40 participants from Division of Family Health (DFH); Deputy Director General for Health, Health Directors from Lomé Health Commune, Regulatory Councils and professional associations, health officers from Maritime region and Tsevie

Hospital, Obstetricians from Sylvanus Olympio teaching hospital and partner representatives such as AGIR-PF, ATBEF. The Togo team that had attended the Regional Pac Meeting in Senegal shared their Road Map at the meeting and engaged them in planning the way forward

- **Quality Improvement Activities**

  - Six health facilities were selected for onsite support for quality improvement of PAC-FP. The six included three that were part of the E2A PAC assessment, in 2013. E2A will provide onsite support to 5 of the facilities; EngenderHealth is already supporting one of the six selected facilities as well as one other that was part of the PAC-FP assessment.
  - 23 quality promoters from the 6 facilities were trained on facilitation of Quality improvement for PAC-FP. Each facility has a team of three to lead the QI process. Each facility team is comprised of the District RH supervisor, in-charges of PAC/maternity, and family planning services. The remaining participants were from (DSF) Division of Family Health, Togo. . Each facility team also developed an action plan and common themes of the action plans include:
    - Creating a dedicated service area for PAC to urgently discontinue treatment of PAC clients in the maternity delivery room.
    - Having family planning commodities available at the same place that PAC services are provided and introducing an internal referral system for methods not provided in the PAC service area that will ensure that any client who wishes to have a family planning method gets it before discharge from the facility.
    - Linkages with CHWs and building community mobilization for referral to PAC services and ongoing support
    - Improving record keeping and data use to monitor services

  - During the first follow-up, one of the facilities had already created separate space for PAC and had family planning supplies in the same area.

  - E2A adapted the PAC Register from the Global PAC Resource Package and translated it into French, the Division of Family Health agreed to pre-test it at the six facilities that are targeted during support to improve the quality of PAC services
  - PAC and Contraceptive technology update training is planned for February for service providers from these facilities.
  - E2A has an agreement with EngenderHealth to leverage their FP trainings as needed.

  - WHO/IBP conducted a workshop on scaling-up of PAC in Togo for DRC, Chad and Togo. The WHO might fund Division of Family Health, Togo to do a situation analysis of PAC in the country

- **Burkina Faso**
  - The Ministry of Health approved the use of Misoprostol for management of incomplete abortion. The Society for Gynecologists and Obstetricians is working on a draft protocol. The Division of Family Health Burkina Faso requested technical assistance to facilitate a stakeholder review and validation of the PAC protocol and training of service providers.

- E2A is waiting for the draft protocol to review, identify gaps and plan for technical assistance. This will likely take place after April.
- Burkina Faso Road Map – as of August 2014 Burkina Faso had implemented most of the training activities and procurement of equipment as per the Road Map. UNFPA provided support.

❖ **PAC documents available on the E2A website in English and French**

- Report for the second West Africa Francophone PAC-FP Regional Meeting, October 2013, Senegal
- Country technical briefs from the PAC assessment – Senegal, Burkina Faso, Guinea and Togo.
- Consolidated PAC Assessment report

Jhpiego, Anne Pfitzer

- New comprehensive abortion care (CAC) program in India where Jhpiego will provide IUD training to providers offering CAC
- Pakistan also is conducting PAC training integrated with PPFP training in 15 districts of Punjab. This includes developing training sites, trainers, training and engaging multiple partners. Another project is also doing this in the Karachi area, with an additional component to train tele-health operators. Jhpiego has joined the Steering Committee of PAPAC (Pakistan Alliance of Post abortion Care) in Pakistan, with MSS and IPAS.
- Program in Nigeria doing mostly EmONC training, where they noted they include MVA skills and sensitization of FP counseling to participants. May be opportunities to ensure that PAC providers are also trained in LARCs
- Malawi: SSDI-Services continued to strengthen PAC services in all its 15 districts following the distribution of MVA kits sourced through non-United States Government funds in Year 2. During the year under review, SSDI services trained a total of 108 health providers who developed action plans that included adhering to infection prevention protocols, comprehensive history taking, and strengthening linkages between PAC services and other reproductive health services—particularly post abortion family planning. These trainees were followed up and provided with supportive supervision, coaching and mentoring. As a result of SSDI-Services interventions, 33 PAC sites have been revitalized and 46 sites have been established.
- Associate award in Mozambique received a large equipment shipment from drawdown account, and working with MOH on sorting out policy and how to develop budget lines for renewing MVA supplies.
- Haiti (non-USAID funded) program has also received a shipment of MVA supplies and is conducting PAC training
- Mali MCSP program also received a small shipment of materials and is currently conducting a PAC training combined with LARC skills.

Afternoon Session – Challenges and Opportunities for Postabortion Family Planning

The group discussed key successes and key challenges in postabortion family planning. The groups were then asked to brainstorm solutions or activities to address the key challenges. This **table** provides the highlights of the activity.

Next Steps

If you are implementing postabortion care programs, please add them to the HIPs map.

The tentative date for the next PAC Connection Meeting is May 21st to be hosted by the Evidence to Action (E2A) Project in Washington, DC. A Save the Date will be sent in the coming months.