

**Number 6, October 2008**

## **Youth-Friendly Postabortion Care Services in Africa**

### **❖ Project Summary**

An estimated 2.5 million unsafe abortions occur among adolescent women each year—98 percent of which take place in developing countries.<sup>1</sup> The proportion of women aged 15–19 years in Africa who have had an unsafe abortion is higher than in any other region of the world, and almost 60 percent of unsafe abortions are among African women under the age of 25.<sup>2</sup> Despite the extraordinary incidence of unsafe abortions among adolescents, few programs directly target young women within their postabortion care (PAC) programs. Therefore, with private resources from the Pathfinding Fund, part of Pathfinder International's *Make a Difference* campaign, Pathfinder initiated youth-friendly PAC (YFPAC) services in eight African countries: Angola, Ethiopia, Ghana, Kenya, Nigeria, Mozambique, Tanzania, and Uganda. The project was implemented June 2007 to May 2008 with the goal of increasing access to PAC services that are responsive to adolescents' special needs. While outcomes varied among countries, overall program outcomes included:

- Increased community support for services and activities that prevent unwanted pregnancy and address the issue of unsafe abortion among young women;
- Availability of YFPAC services in eight African countries;
- Greater numbers of service providers with the capacity to deliver YFPAC services;
- Increased numbers of youth PAC clients adopting a contraceptive method to prevent future unintended pregnancies;
- Documentation and dissemination of evidence-based approaches, tools, and lessons learned for scale-up or replication of YFPAC interventions.

### **❖ Evaluation Methodology**

At project inception, Pathfinder planned key monitoring and evaluation activities in order to best document the project's achievements. Activities included baseline assessment of all project facilities, collection and trend analysis of community and facility service delivery statistics (including numbers of youth reached with YFPAC information, numbers of youth PAC clients served, and numbers of youth clients accepting a contraceptive method at the time of service provision), and analysis of pre- and post-test scores of training participants.

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<sup>1</sup> World Health Organization. 2007 *Global and regional estimates of incidence of unsafe abortion and associated mortality in 2003*. 5<sup>th</sup> edition. Geneva, Switzerland: World Health Organization.

<sup>2</sup> Ibid.

## ❖ **Project Achievements**

**Increased community support for services and activities that prevent unintended pregnancy and address the issue of unsafe abortion among young women:** In Angola, Kenya, Mozambique, Nigeria, and Tanzania, 311 peer educators were trained to provide information on prevention of pregnancy and unsafe abortion, recognition of abortion complications, and referrals for YFPAC. As a result, 17,487<sup>3</sup> contacts were made with youth and other community members. In Kenya, after the project ended, 4,800 additional contacts were made by peer educators between June and August 2008. Sixteen teachers in Angola and 10 community lay counselors in Tanzania were trained on adolescent sexual and reproductive health (RH) and when to refer youth for YFPAC services. In an effort to address stigma around abortion and clarify the difference between abortion and PAC services, 139 community stakeholders were sensitized in Kenya and Nigeria. Interviews with key stakeholders revealed the importance of community involvement in supporting YFPAC services and interventions to prevent future unintended pregnancies.<sup>4</sup>

### **YFPAC services available in eight African countries:**

YFPAC services were established in 27 service delivery points (SDPs) within 25 facilities:

Angola – 1	Ghana – 3	Mozambique – 1 (3 SDPs <sup>5</sup> )	Tanzania – 3
Ethiopia – 6	Kenya – 3	Nigeria – 4	Uganda – 4

All facilities were assessed at baseline using a Pathfinder-developed tool. Assessments included interviews with managers, providers, and youth clients; observation of provider-client interaction, infection prevention practices, the facility environment, and availability of PAC-related commodities, drugs, and equipment; and a review of service statistics and administrative policies and procedures. Data from 16 facilities (18 service delivery points)<sup>6</sup> were scored and showed an average total score of 23 points out of a possible 54, with a low score of 14 and a high score of 36. According to defined benchmarks within the assessment tool, scores below 30 indicate that PAC services need immediate attention to address quality issues.

Relative strengths identified across the facilities included a wide range of postabortion contraceptive methods offered, referrals made for other services, proper infection prevention, reasonable waiting times, and clients' partners welcomed and served. While many gaps were identified, the following were seen as crucial to improving the quality of PAC services for youth: postabortion counseling and contraception were not offered at all times<sup>7</sup> and counseling was not comprehensive in nature; a lack of competent (i.e., trained) staff; a lack of privacy and confidentiality; inadequate attention to pain management; and a lack of community awareness. See Table 1 for average scores for each element, listed from highest to lowest scores.

<sup>3</sup> Data from Kenya not included in this figure.

<sup>4</sup> Burket, M., Hainsworth, G., and Boyce, C. 2008. *Saving young lives: Pathfinder International's youth-friendly postabortion care project*. Watertown, MA: Pathfinder International.

<sup>5</sup> In Mozambique, Pathfinder is working within three different departments of the Central Hospital of Maputo, so is working within one facility and 3 service delivery points.

<sup>6</sup> Though facility assessments were conducted in Angola, Tanzania, and Uganda, lack of complete scoring data has prevented their inclusion in the final analysis. One Ethiopian facility was also not included due to incomplete data.

<sup>7</sup> A score of 14 under "services available 24/7" reflects that treatment was always available but counseling and contraception, essential elements of PAC, were not.

Table 1: Service Quality Elements Assessed, Highest to Lowest

Service Quality Elements	Average Score (of 32) <sup>8</sup>
Range of postabortion contraceptive methods offered	22
Referrals made for other services	21
Waiting time not excessive	20
Proper infection prevention is followed	20
Partners welcomed and served	19
Respect for youth client	18
Sufficient supply of commodities and drugs	17
Routine monitoring used to improve PAC services	16
Educational materials available	15
Privacy ensured	15
PAC services available 24 hours per day, 7 days per week	14
Sufficient stock of appropriate equipment and supplies	14
Comfortable setting	14
Confidentiality is ensured	13
Competent staff	13
Emphasis on dual protection/condoms	13
Adequate rooms/areas exist to carry out PAC services	11
Outreach services available	11
Peer educators/counselors available	10
Counseling includes comprehensive information	10
Affordable fees	10
Non-medical staff oriented	9
Community is aware of PAC services and where youth can access contraceptive services	9
PAC treatment procedures and protocols exist and are followed	9
Clients are screened for gender-based violence	8
Youth input/feedback to operations	6
Extra consideration is made to pain management	5

Facility assessment results were used to develop and implement quality improvement plans. Improvements included small physical renovations to increase privacy; training on pain management, including paracervical block; ensuring availability of contraceptive commodities in the PAC area; improved counseling to increase postabortion contraception and promote dual protection; outreach activities to inform communities about YFPAC services; and provider training and staff orientation. For example, orientation meetings were held for 255 facility, NGO, and Ministry of Health staff to introduce the program and help build support among stakeholders in Ghana and Tanzania.

**Greater numbers of service providers with the capacity to deliver YFPAC services:** Pathfinder trained 125 service providers in the eight countries. Knowledge of trained providers was assessed through administration of pre- and post-tests. The majority (92 percent) of providers showed increased knowledge, ranging from a 9 percent increase in Kenya to a 61 percent increase in Ethiopia.<sup>9</sup> (See Table 2 and Figure 1 for data by country). In addition, refresher training was conducted for 12 providers in Ghana and 20 providers in Ethiopia to enhance skill acquisition. Ghana also provided technical updates in YFPAC to 3 doctors.

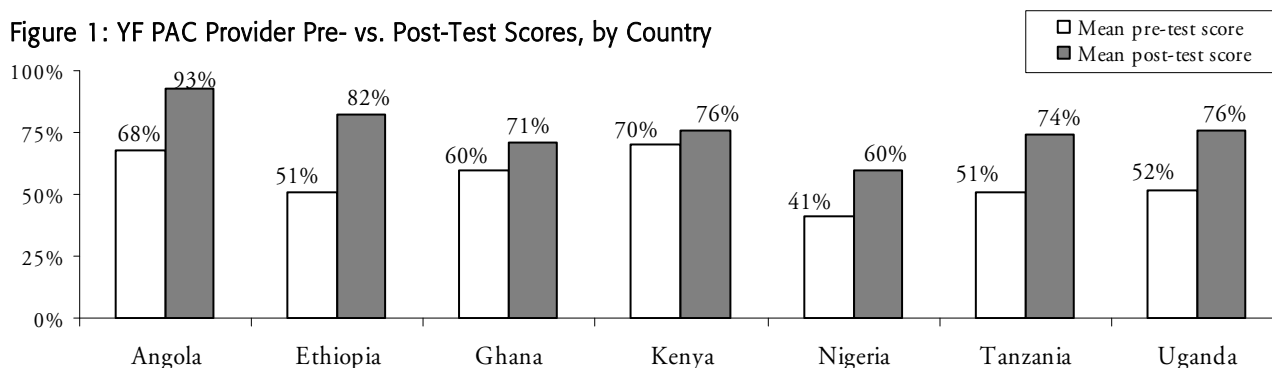
<sup>8</sup> Each element could receive a score of 0-2; 16 facilities were scored individually, for a total possible score of 32 for each element.

<sup>9</sup> Although Mozambique conducted pre- and post-tests of the 22 providers trained, the information was not available for analysis.

**Table 2: Providers Trained and Tested and Increase in Provider Knowledge**

	Angola	Ethiopia	Ghana	Kenya	Nigeria	Tanzania	Uganda
# of providers trained	5	20	20	16	14	12	16
# of providers tested	3	20	18	15	11	12	16
% of service providers showing increases in YFPAC knowledge	100%	100%	72%	80%	100%	92%	100%
% increase in knowledge	37%	61%	18%	9%	46%	45%	46%

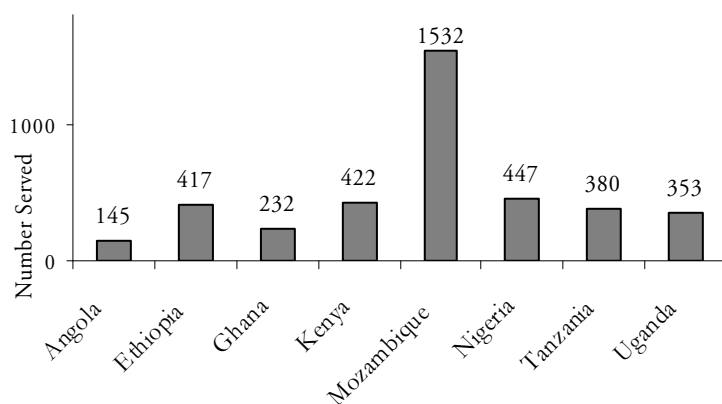
**Figure 1: YF PAC Provider Pre- vs. Post-Test Scores, by Country**



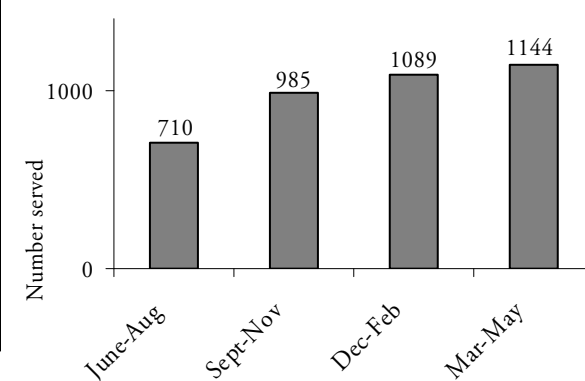
**Increased numbers of youth PAC clients who adopt a contraceptive method to prevent future unintended pregnancies:** More than 3,928 YFPAC clients were served at project facilities during the year (see Figure 2).

Client load increased each quarter throughout the project period (see Figure 3).<sup>10</sup>

**Figure 2: YFPAC Clients Served, by Country**



**Figure 3: YFPAC Clients Served, by Quarter**

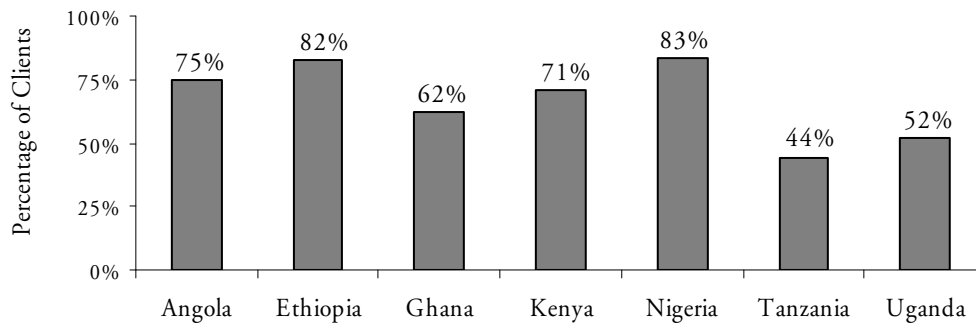


Data from seven countries<sup>11</sup> show an average post-abortion contraception acceptance rate of 69 percent, ranging among countries from 44 percent to 83 percent. See Figure 4 for overall acceptance rate for each country.

<sup>10</sup> The Ethiopia project did not include data for two months of quarter 2.

<sup>11</sup> While the acceptance rates for Angola, Nigeria and Tanzania include data for all facilities for all four quarters, in some countries existing government reporting formats did not track postabortion acceptance of contraception, which led to data gaps. Therefore Ethiopia's value includes quarter 2-4 data, Ghana's value includes data for one facility in quarter 3 and two facilities in quarter 4, Kenya's value includes quarter 2-4 data for one facility, and Uganda's value includes data from quarter 4. Mozambique data is not included in this analysis because they are currently conducting an operations research study and, to date, have only collected data from their control group (which shows a post-abortion contraception acceptance of 10% over four quarters). Staff expect this percentage to increase greatly in the intervention group, and the study holds great promise for informing Pathfinder globally on the best ways to increase postabortion contraceptive use.

Figure 4: Postabortion Contraception Acceptance



Despite varying averages, most countries demonstrated higher percentages of YFPAC clients accepting a method at the end of the project relative to baseline. For example, Tanzania's acceptance went from 13 percent in quarter one to 66 percent in quarter four, while Nigeria jumped from 34 percent in the first quarter to nearly 100 percent in the final quarter.

In addition to emphasizing postabortion contraception, Ethiopia also focused on integration of risk assessment for sexually transmitted infections and HIV counseling and testing, emphasizing the relationship between unwanted pregnancy and exposure to HIV and other STIs through unprotected sex. After integrated services were initiated, 69 percent (235/336)<sup>12</sup> of all YFPAC clients were counseled and tested for HIV and 6 clients who were eligible for anti-retroviral therapy received treatment and other care and support services.

## ❖ Conclusion

**The quality of PAC services overall needs to be addressed before adding the youth-friendly component.** As was shown in the baseline facility assessments, the quality of PAC services was quite weak—in particular, essential PAC elements like postabortion counselling, contraception, and pain management were poor. Lack of equipment also hindered service delivery. Before youth-friendly aspects can be addressed, efforts must be made to ensure that key elements (emergency treatment, counselling, contraception, and referrals for other services) are in place for clients of all ages.

**A stronger focus on postabortion contraception is required to reduce future unintended pregnancies and unsafe abortions.** The PAC visit is often the first time a young person may come to a facility for RH services. Therefore it is essential that this visit ensures that young people are properly counseled on the need to wait 6 months before trying to conceive again (if this is their desire), a range of contraceptive methods, and the importance of dual protection against unintended pregnancy and STIs/HIV. The client's choice of method should be provided during the PAC visit, as young people are apt not to return for follow-up care and evidence shows that referrals for contraception are often not acted upon.

**YFPAC can be an entry point for HIV services and addressing gender-based violence (GBV).** Young people who need PAC services have been exposed to unprotected sex and therefore may have been exposed to HIV or other STIs. As was demonstrated in Ethiopia, PAC is a natural entry point for introducing VCT and linking positive clients with other needed care, treatment, and support services. In addition, many young PAC clients have often experienced

<sup>12</sup> Integrated services were initiated in the second quarter. 336 YFPAC clients were served from quarter 2 to 4.

GBV, highlighting the need to incorporate routine screening for GBV and provision of or referral for counseling and support services. The PAC visit is an opportunity to address a myriad of issues resulting in the adoption of more protective behaviors and risk reduction for subsequent unwanted pregnancies, HIV, and other STIs.

**Community and youth involvement are key to increasing acceptance of PAC services and preventing unintended pregnancy.** A variety of examples of community and youth involvement were implemented within this project, such as outreach to parents during PTA meetings, sensitization and involvement of religious and community leaders, linkages between peer educators and facilities, and the use of school youth corners to provide information and referrals for services. Given the sensitivity of abortion and youth sexuality, these types of activities were critical to generating support for PAC services as well as interventions to prevent unintended pregnancy in the first place. The use of peer educators and school youth corners were accepted ways to reach young people with information, condoms (in some cases), and referrals for FP methods.

**Further replication is needed over a longer time frame to generate sufficient evidence for widespread scale-up.** This eight-country pilot generated tools, promising approaches, and lessons learned that can inform replication within the target countries or in other settings. A longer time frame and the establishment of additional YFPAC sites is needed to evaluate the impact that YFPAC services have on reducing subsequent unwanted pregnancies and unsafe abortions among young people and for determining which elements to scale-up.

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