STRENGTHENING POSTABORTION FAMILY PLANNING IN SENEGAL

Maintaining and Enhancing Postabortion Care Services

BACKGROUND

Countries in Francophone West Africa have long worked to overcome the challenges related to implementing and scaling up reproductive health services, including providing the complete package of services included in postabortion care (PAC).[1] To help address these issues, an assessment[2] of the progress made by several West African countries, including Senegal, was conducted and presented at a conference called *Best Practices to Scale up PAC for Lasting Impact* in Saly, Senegal, in 2008. At this meeting, participants, policymakers, and program managers drafted action plans detailing strategies for strengthening postabortion family planning (PAC-FP) services in their respective countries based on the evidence presented[3] regarding each country's needs.

The Virtual Fostering Change Program platform was adapted for PAC (VFCP for PAC) as a follow-up to countries participating in the 2008 workshop in Saly, Senegal. The VFCP for PAC is an internet-based, interactive learning program that was used to teach teams about the application of the fostering change methodology as well as skills to help draft and refine action plans to strengthen PAC programs, namely emergency treatment of abortion complications, postabortion FP, and community empowerment through community mobilization. During the VFCP for PAC process, action plans were revised and participants were trained on leadership and management skills. Senegal's action plan was created to address several key service delivery components:

- Reorganization of services
- Cost of FP methods
- Trainings
- Supply chain management for FP commodities and manual vacuum aspiration (MVA) kits
- Community mobilization for PAC

During the initial VFCP for PAC implementation process, Senegal's country team was composed of representatives from the Ministry of Health (MoH), *Centre Régional de Formation, de Recherche et de Plaidoyer en Santé de la Reproduction* (CEFOREP), and other nongovernmental organizations. Due to the difficulty of maintaining participation in the VFCP for PAC program, in May 2009, the Senegal country team opted out of the VFCP for PAC. There is no documentation of what happened with the action plan drafted at the 2008 workshop in Saly, Senegal.

In 2012, USAID/Washington provided funding to the Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls (E2A) Project to conduct an assessment of the implementation of action plans refined under the VFCP for PAC. The E2A Project, a USAID-funded project designed to support the strengthening of FP and reproductive health service delivery, conducted a four-country assessment of action plan implementation in Burkina Faso, Guinea, Senegal and Togo. The goal of the assessment was to highlight successes achieved to date as well as to identify the processes needed to strengthen and scale up PAC-FP services. The assessment findings for Senegal are presented in this brief.

The **reorganization of services** called for improvements such as ensuring FP counseling and methods were available 24hours/7days a week at the point of treatment for PAC clients.

Activities related to clients' **cost of FP methods** aimed to ensure free provision of the first supply of contraceptives to clients.

Training activities included integration of PAC and community PAC interventions into the basic training curricula as well as establishing procedures for evaluating the curriculum to ensure health workers would be able to provide comprehensive PAC-FP services.

Supply chain management activities involved advocacy, guiding supply chain managers, ensuring availability of MVA kits and maintaining a supply system, and management of FP products between the pharmacy and the processing unit.

Community mobilization for PAC

About E2A

The Evidence to Action For Strengthened Reproductive Health Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, Intra-Health International, Management Sciences for Health and PATH.

ASSESSMENT METHODOLOGY

Despite the fact that Senegal's country team had to end their participation in the VFCP for PAC, Senegal nevertheless has a mature PAC-FP program, which may provide useful insights into scaling up PAC-FP service delivery. In late 2012 and early 2013, E2A conducted interviews and focus group discussions with staff in Senegal who had helped to draft the action plan at the 2008 conference and its revision during the early phases of the VFCP for PAC program implementation. For this assessment, data collection included a total of: (1) twelve key informant interviews with Saly team members, participants of the VFCP for PAC program and policymakers; (2) three focus group discussions with service providers from the regional hospitals of Thiès, Roi Baudouin, and the Polyclinic maternity at the Aristide Le Dantec hospital in Dakar[a]; and (3) a review of PAC patient registers from these three facilities.

RESULTS

Reorganization of PAC Services

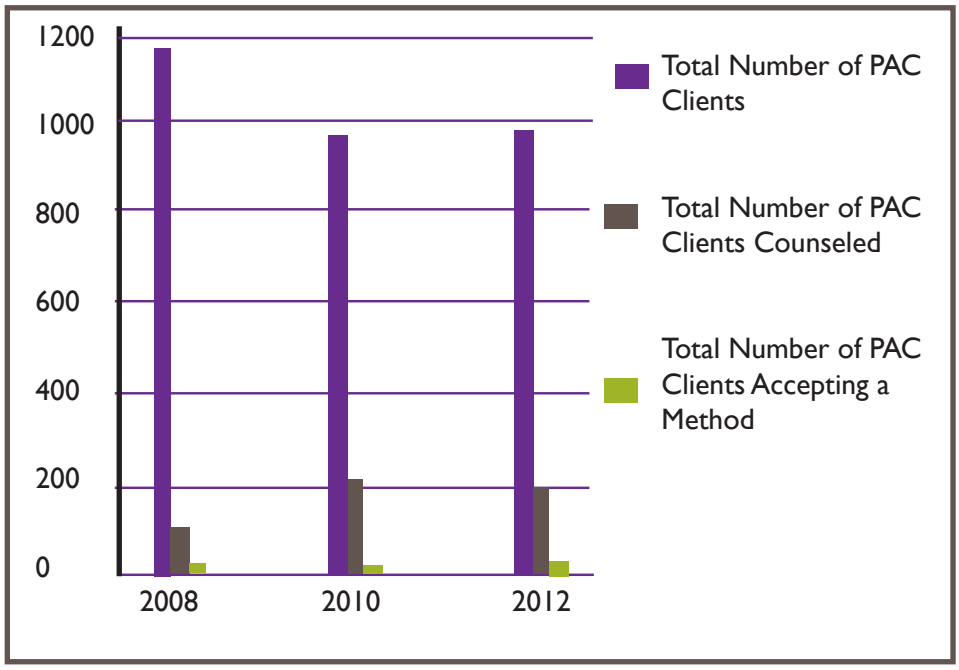
Reorganization of PAC services requires establishing a dedicated space to perform PAC as well as ensuring the availability of service providers trained to conduct MVA and provide FP counseling and services at point of treatment, 24 hours per day, seven days a week. As a country with a more established PAC program, Senegal had already created separate PAC rooms to treat clients prior to the 2008 Saly meeting. A separate PAC room was available, and service providers were trained to offer FP counseling and services to PAC clients as an integral component of PAC service delivery, as noted by policymakers and service providers. Respondents were aware that challenges remained for patients receiving dilation and curettage, as opposed to MVA, since FP counseling and services were not offered at the same time as treatment in the operating theater or recovery room for those clients.

The awareness that PAC connotes a package of services (treatment and FP counseling and services) is well articulated by service providers. In addition, service providers frequently mentioned the rationale for FP counseling and services (return to fertility, birth spacing, risk of closely spaced pregnancy, and subsequent abortion) at point of treatment as a motivation for counseling women immediately post-treatment.

> *"No, since we are not in a position to have information about whether women receiving postabortion care have left the hospital with a method or not. This is a defect in PAC, since it is a package of services and if FP is missing, it is no longer PAC."*
>
> **- Midwife (focus group discussion)**

In order to gauge progress in this area, this assessment included gathering PAC statistics at the two regional hospitals (Thiès and Roi Baudouin[b]). In 2008, 1,172 PAC clients were seen over a six-month period of time (January to June) at the selected facilities; declining to an average of 19% in 2010 (940) and 2012 (956). Data on number of PAC clients counseled and accepting an FP method were not recorded for Roi Baudouin in 2008 and 2010. Trends in FP counseling and method uptake for Thiès for the 2008 to 2012 study periods are reported.[c] The total number of PAC clients who were counseled and who had accepted a method rose. Overall, the number of PAC clients counseled increased from 54% (89/165) in 2008 to 91% (166/183) in 2012. The number of PAC clients who accepted a contraceptive method increased from less than 2% (3/165) in 2008 to a little over 3% (6/183) in 2012. For the 2012 study period in Roi Badouin, of the 773 PAC clients seen, a little over 4% were counseled and 5% accepted an FP method (see graph).

PAC-FP Client Register Statistics from Regional Hospitals at Thiès and Roi Baudouin, January – June 2008, 2010, and 2012



Data Sources: Total number of PAC clients counseled and acceptors not recorded for Roi Baudouin (2008 and 2010); Numbers of FP acceptors for 2008 (n=3) and 2010 (n=8) limited to Thiès; PAC clients counseled and FP acceptors recorded for both facilities in 2012.

[a]Maternity services at the Polyclinic closed in early 2010 for renovation. Staff were transferred mainly to Gaspard Camara where the focus group discussion was conducted; the PAC client register was unavailable.
[b]PAC client register for the Polyclinic was unavailable.
[c]Data for number of PAC clients counseled and method accepted available for only one facility for the January to June 2008 and 2010 time period; data for the January to June 2012 period available for both facilities.

Cost of FP Methods

One activity outlined in Senegal's action plan was to ensure free provision of the first contraceptive supply to PAC clients. This activity was difficult to implement given the challenges surrounding the cost-recovery strategy subsequent to the implementation of the Bamako Initiative (cost-sharing for essential drugs including contraceptives). In earlier years, service providers pointed out that a variety of FP methods had been made available in the PAC room without much difficulty. Service providers and policymakers mentioned that following the introduction of the Bamako Initiative, however, most FP methods could only be purchased at the facility pharmacy. Service providers and policymakers believed that this process created a barrier for PAC clients who were required to leave the PAC room, go to the facility pharmacy to purchase an FP method, before returning for further counseling or FP product administration. Costs varied across facilities, though typically oral pills remained the least expensive option with long-acting methods being the most expensive, as reported by service providers. Despite these barriers, service providers in one facility mentioned that they were offering oral pills at point of treatment at no cost to clients.

Training of Service Providers

Respondents mentioned that one significant achievement in PAC-FP service delivery has been revisions in the training curricula to include FP counseling and services and community-based healthcare services. According to policymakers, another achievement has been the involvement of the healthcare training schools in revisions to the basic training curricula. Additionally, respondents reported that partners have facilitated in-service midwifery training on PAC-FP and post-training follow-up has been accomplished. Respondents also mentioned that challenges remained with regard to training the health workforce; not all service providers have been trained and there is high turnover of trained service providers.

> *"A review of the training curriculum integrating counseling; the provision of FP methods and community-based healthcare services; the involvement of healthcare training schools for an effective review of the basic training curriculum of nurses and midwives in PAC-FP; the training of midwives providing PAC-FP services; and the post-training follow-up of service providers."*
>
> **- Country Team Member**

Supply Chain Management of FP, Commodities, and MVA Kits

According to key policymakers, MVA kits and contraceptive products have become more available at health facilities, due in part to the involvement of senior MoH policymakers and the National Supply Pharmacy (PNA).

Family Planning - Inclusion of FP methods in the essential drug list and implementation of the Bamako Initiative resulted in the supply of FP products through the PNA to the facility pharmacy, according to respondents. Service providers also described FP commodity stock-outs, noting that they were generally caused by shortages at the national level. Both policymakers and health providers acknowledged that with PNA instituting the push program,[d] such stock-outs are no longer such a large problem and have experienced recent declines.

MVA Kits - Service providers and senior MoH policymakers acknowledged problems with MVA stock-outs. While service providers were aware of the MVA quality assurance regulations, they continued to use MVA kits due to high demand and stock-outs. Policymakers recognized limitations in the MVA supply chain management system as a remaining challenge.

Community Mobilization for PAC

A successful pilot community mobilization program, implemented by a non-government organization, was expanded to 12 sites in the Thiès region. Community leaders were actively involved in the successful implementation of several programmatic activities including sensitization of religious leaders for FP. Other activities included provision of a meeting space for adolescents, creating an emergency solidarity fund, and involvement of taxi drivers to transport emergency cases, and upgrading of four health posts to healthcare units. The main outcome was leveraging community-based commitment for emergency abortion treatment and FP.

PAC Client Register Maintenance

Respondents reported that the MoH distributes officially printed PAC client registers to the health facilities along with record-keeping support. These PAC client registers include client statistics that enable a number of widely accepted PAC indicators to be ascertained. Service providers mentioned that monthly records are compiled from the PAC registers and then submitted to the chief physician for reporting and procurement purposes. Despite some progress, record keeping continues to be a challenge, specifically recording FP counseling and uptake. Data gathered in a review of PAC client registers illustrates a substantial discrepancy between the large number of PAC clients and the significantly fewer number recorded as being counseled or accepting a method. Several reasons were cited by policymakers and service providers for this discrepancy, including staff transfers and lack of awareness among service providers about recording PAC-FP uptake.

> *"Not recording FP products following PAC; we need to raise the awareness of midwives about this issue."*
>
> **- Senior Obstetrician**

Country Feeback on Implementation of Action Plan

Senegalese health providers and policymakers provided insights and suggestions to ensure continuation of positive trends and to address some of the barriers that stand in the way of even greater success. According to respondents, there has been notable achievement related to the reorganization of PAC services in Senegal. As a country with the advantage of having a more mature PAC program than the other three countries assessed by E2A, Senegal had already established separate PAC rooms for clients in a few facilities. Despite this positive aspect, respondents recognized the challenge faced by clients who received dilation and curettage, as opposed to MVA, and recommended a system be put in place to ensure all PAC

[d]Maternity services at the Polyclinic closed in early 2010 for renovation. Staff were transferred mainly to Gaspard Camara where the focus group discussion was conducted; the PAC client register was unavailable.

clients receive FP counseling and services.

Challenges related to clients' cost of FP methods was another issue recognized by both providers and policymakers. In order to ensure a reduced cost to PAC clients for FP methods, one respondent suggested allocating specific financial resources for provision of supplies and commodities, for free or at subsidized rates.

While a great deal of progress has been made in training providers on PAC-FP services, providers and policymakers proposed strategies to maintain and enhance current success. These recommendations included continuing in-service trainings until all service providers have been trained; standardizing policy guidelines and norms for health facilities; and implementing the PAC-FP component of the national Policy, Norms, and Procedures at all facility levels where postabortion services are provided.

Important progress has been made in the area of supply chain management, resulting in decreased stock-outs of MVAs and FP commodities. Despite this positive trend, stock-outs do still occur and need to be addressed. Key informants recognized the central pharmacy push program as a key component needing continued support in order to ensure reduction of stock-outs.

Policymakers acknowledged the success of the PAC community mobilization program in selected sites in the Thiès region, but recommended greater investment to ensure scale-up in more communities where PAC services are available.

Although some progress has been made in maintaining PAC client registers, record keeping continues to be a challenge, specifically recording FP counseling and uptake. Both policymakers and health providers agreed this was a problem and suggested raising awareness amongst providers charged with maintaining the registers.

CONCLUSION

Senegal carried out some of the activities in the action plan, including PAC community mobilization. However barriers still remain to achieve full integration of PAC-FP services. Much work remains to be done to guarantee that all PAC clients are counseled and receive their chosen FP method at point of treatment. There is also a need to work within the supply chain system to limit stock-outs of needed equipment and supplies as well as improve record-keeping of the PAC client register. Sustaining and improving these achievements to attain national coverage is advocated for future progress.

These results were presented at the *Inter-country Workshop to Disseminate the Results of the Postabortion Care Evaluation and the Introduction of Best Practices for the Development and Sustainability of PAC*, held in Saly, Senegal, October 7-11, 2013. The Senegal country team proposed reducing the cost of PAC services and ensuring availability of FP commodities and MVA kits at the point of treatment in health centers and public health facilities. In addition, in the subsequent 18 months, scaling up the community mobilization program to 602 rural community health posts (health huts) was proposed.

Endnotes

[1] For the purposes of this report, the definition of postabortion care (PAC) is based on the USAID PAC service delivery model, which includes three components:
1. Emergency treatment for complications of spontaneous or induced abortion.
2. Family planning counseling and service provision; sexually transmitted infection evaluation and treatment; and HIV counseling and/or referral for HIV testing.
3. Community empowerment through community awareness and mobilization.

[2] Dieng T, Diadhio M, Diop NJ, Faye Y. Assessment of Progress of the Postabortion Care Initiative in Francophone Africa. Centre de Formation et de la Recherche en Santé de la Reproductions (CEFOREP), Frontiers in Reproductive Health (FRONTIERS), The Population Council, April 2008.

[3] Dissemination of Workshop Report: PAC (Postabortion Care) Assessment Results from Six West African Countries and Introduction of High Impact Best Practices for Scale-up in these Countries, October 20-23, 2008, Palm Beach, Saly Portudal, Senegal.

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