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E2A EVIDENCE TO ACTION
for Strengthened Reproductive Health



**From Saly 2008 to Saly 2013
PAC Program Assessment in Burkina Faso, Guinea, Senegal and Togo**

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Presentation Outline

- Background
- Assessment Introduction
- Assessment Goal and Objectives
- Assessment Methods
- Assessment Field Work
- Assessment Results
- Assessment Conclusions
- Recommendations

Background

- Maternal Health Indicators – limited progress to achieving MDG5 goal
- High Unmet need, unintended pregnancy and abortion rate
- *PAC Initiative for the Francophone Africa Committee* – concerted effort to address the programmatic issues of increasing access to and quality of PAC services
- Decade of effort culminated in a regional workshop – “*Best Practices to Scale up PAC for Lasting Impact*” Saly, Senegal in 2008
- Country Action Plans to strengthen PAC services: drafted at the regional workshop

Assessment Introduction

Country Action Plan Implementation

- A Virtual Fostering Change Program (VFCP) platform was adapted for PAC
- VFCP participants trained on leadership and management skills
- Country Action Plans revised and implemented: 2009 – 2010

Virtual Fostering Change Program

- VFPCP 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:
 1. Emergency treatment of abortion complications
 2. Postabortion FP counseling and service provision
 3. Community empowerment

Assessment Introduction: Country Action Plan Activities

Activities	Burkina Faso	Guinea	Senegal	Togo
Re-organization of Services				
Dedicated Room	√	√	√	√
FP Counseling & Services	√	√	√	√
Client Register	√	√	√	√
Training				
MVA	√	√	√	√
FP Counseling & Services	√	√	√	√
Training Curricula	-	-	√	-
Policy, Norms & Procedures	-	-	-	√
Supplies & Commodities				
MVAs kits	√	√	√	√
FP commodities	√	√	√	√
Financing				
	-	√	√	√
Community Empowerment	√	-	√	√

Assessment Goal and Objectives

Goal

Evidence based recommendations for introducing PAC services in resource poor countries

Objectives

1. To determine what processes to strengthen postabortion family planning services at the country level and across countries ensued during implementation of the country action plans.
2. To determine how country action plans have been implemented with a view to identifying what worked, what did not work and why at the country level and across countries

Assessment Methods

- Study Sites
 - Burkina Faso
 - Guinea
 - Senegal
 - Togo
- Study Design
 - Desk Review
 - Key Informant Interviews (KIs)
 - Focus Group Discussions (FGDs)
 - PAC Client Register Review

Assessment Methods (Cont'd)

Country	Field Work	KIs	FGDs	Client Registers
Burkina Faso	Jan - Feb, 2013	12	4	4
Guinea	Sept – Oct, 2012	8	3	3
Senegal	Sept – Oct, 2012	12	2	2
Togo	Jan - Feb, 2013	12	4	3
TOTAL		44	13	12

Assessment Results

Action Plan Implementation

Program Roll-out	Burkina Faso	Guinea	Senegal	Togo
Final Action Plans	√	√	No	√
Activities Implemented	Four facilities	Three facilities	Three facilities	Four facilities
Senior Facility Management Champions	Selected	Selected	No	Selected
Technical Assistance	Engenderhealth (trainings)	Jhpiego (sustained)	No	Engenderhealth (trainings)

Assessment Results

Postabortion Care Services

PAC Services	Burkina Faso	Guinea	Senegal	Togo
MVA services	√	√	√	√
FP counseling	√	√	Limited	√
FP methods offered	Limited	√	Limited	Limited
Dedicated Room	Partially Successful	√	√	Partially Successful
Client Register	Formal	Formal	Formal	Informal
PAC Client Costs				
Reported high costs	√	√	√	√
Advocated FP free	√	√	√	√

“No, since we are not in a position to have information about whether women receiving post-abortion care have left the hospital with a method or not. This is a defect in PAC, since it is a package service and if FP is missing, it is no longer PAC”
- FGD: Midwife, Senegal



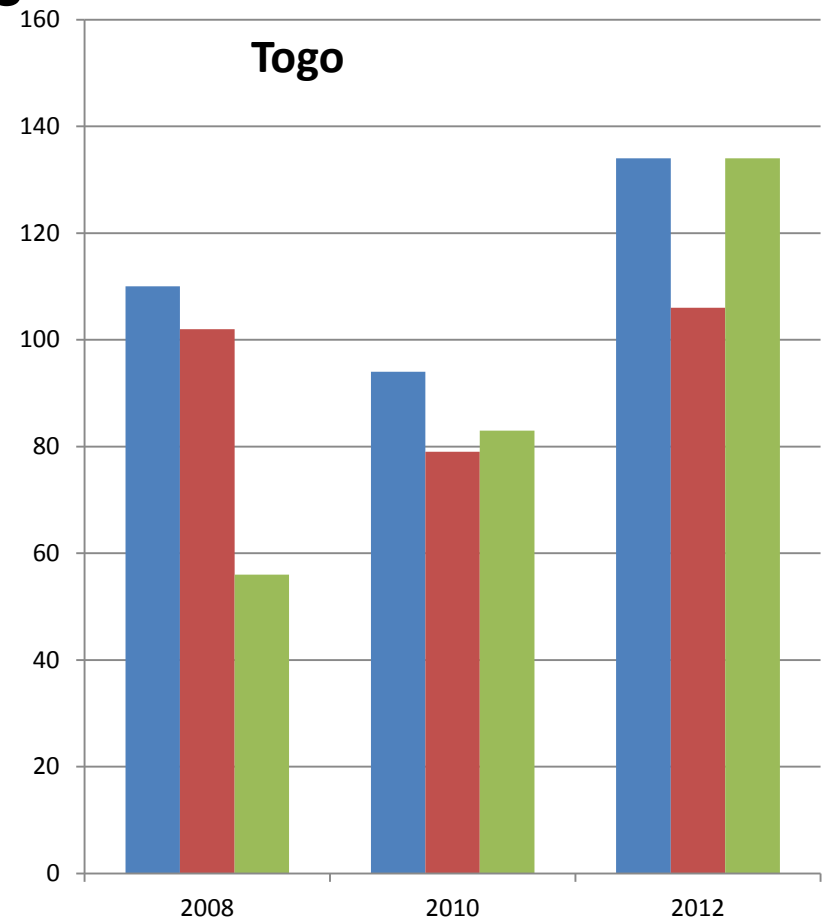
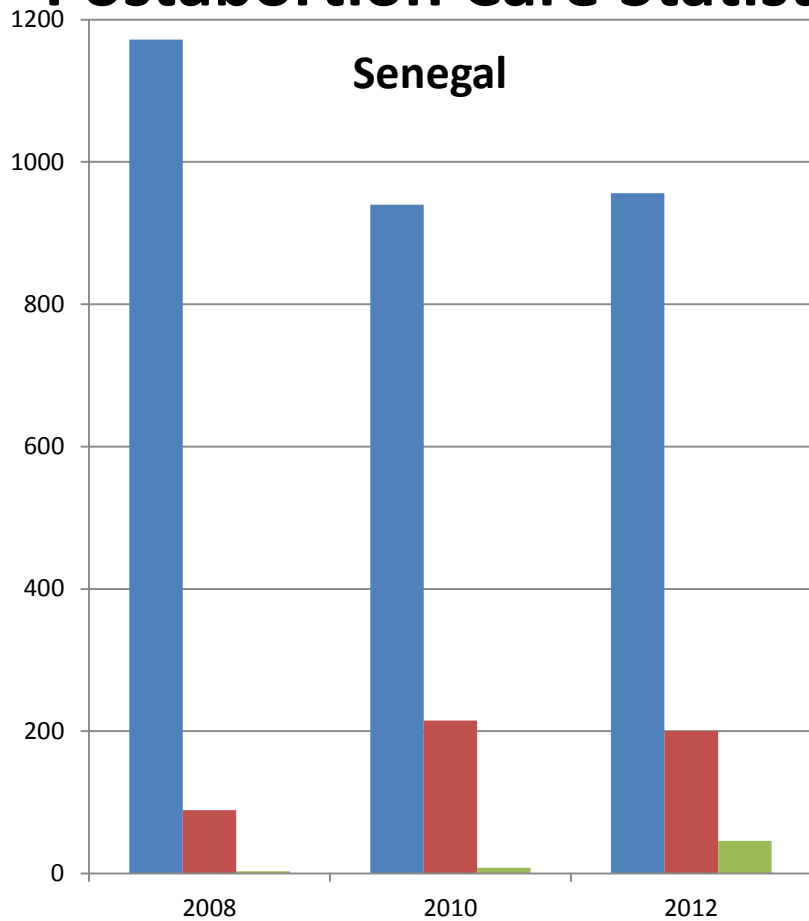
Assessment Results (Cont'd)

Postabortion Care Statistics



Assessment Results (Cont'd):

Postabortion Care Statistics



- Total Number of PAC Clients
- Total Number of PAC Clients Counseled
- Total Number of PAC Clients Accepting a Method

Assessment Results (Cont'd):

PAC Training Programs

Training Programs	Burkina Faso	Guinea	Senegal	Togo
In-service Training: PAC Emergency Treatment	√	√	√	√
In-service Training: FP Updates	√	√	√	√
Pre-Service Training	√	-	√	-
Training Curricula/manuals	√	-	√	-
Policy, Norms & Procedures	√	-	-	√

“At least to have the integration of post-abortion care always integrated in training curricula of midwives schools as well as medical schools”

**- Senior Policy Maker,
Burkina Faso**



Assessment Results (Cont'd)

PAC Supplies and Commodities

Supplies & Commodities	Burkina Faso	Guinea	Senegal	Togo
MVA kits Availability	√	√	√	√
PAC unit	Not mentioned	Not mentioned	Concern	Concern
Quality Assurance				
FP Commodities Availability				
Facility Pharmacy	√	√	√	√
FP Unit	√	√	√	√
PAC unit	Few	√	Few	Few
Stock-outs of:				
MVA Kits	Yes	Yes	Yes	Yes
FP Commodities	Yes	Yes	Improved	Limited

“Even though DWB (Doctors without Borders) has been ensuring the supply with contraceptives, it happens that stock-outs pose serious constraints.”

- Senior Health Facility Management Champion, Guinea



Assessment Results (Cont'd)

Community Empowerment

Community Empowerment	Burkina Faso	Guinea	Senegal	Togo
Community Awareness Programs	√	-	√	√

“.... broadcasting texts that have significantly raised awareness and have led leaders to reconsider, since every time we see the problem of maternal death again, we see also the role of abortion in it”

- Senior Policy Maker,
Burkina Faso



Assessment Results (Cont'd)

VFCP for PAC

VFCP Platform for PAC	Burkina Faso	Guinea	Senegal	Togo
Operationalization	Partially Successful	Successful	Discontinued	Partially Successful
Final Action Plan	√	√	-	√
Challenges				
Computer Availability	√	√	Less	√
Internet Connectivity	√	√	√	√
Work load	√	√	√	√
Team Leadership	√	No	√	No

Assessment Conclusions

- Allocated a PAC room/space, provided MVA services for treatment of abortion complications, FP counseling and services; and maintained PAC statistics in PAC client registers
- Built a cadre of skilled staff to provide MVA and FP services at point of treatment; and PAC training manuals and training curricula (in-service and pre-service)
- Included PAC services in PNP and standard guidelines

Assessment Conclusions (Cont'd)

- Limited progress for ensuring availability of all contraceptive methods at point of treatment
- Some improvement in supply chain management for MVA kits and FP commodities
- Advocated for resource mobilization

Recommendations

- Maintain and enhance achievements in the target facilities
- Systematic scale-up to additional facilities and regions

Recommendations (Cont'd)

Areas needing attention:

- availability of dedicated room/space for PAC clients
- availability of all contraceptive methods at point of treatment
- availability of skilled staff providing MVA and FP services 24 hours a day
- cost subsidy for FP methods to PAC clients
- Regular monitoring of formal PAC client register for data quality and data utilization
- Strengthened supply chain management system for MVA kits and FP commodities
- PAC included in PNP, standard guidelines and protocols
- PAC included in training curricula and training manual (in-service and pre-service)
- Improving community awareness about maternal mortality, unintended pregnancy and PAC

“Integration (...for postabortion care....) is easy...a woman has a problem, she comes, we help her and we propose a solution so it doesn’t happen again and she accepts it.”

Senior Policymaker, Togo



PAC-FP Brief Series



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