Integration of Abortion services into FP Programs
The experience of Family Guidance Association of Ethiopia (FGAE)

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Presented at
The 2011 International Conference on Family Planning: Research and Best Practices
Dakar, Senegal, Nov 29-Dec 2, 2011
Presentation outline

- FGAE: Background & Focus
- Strategies for CAC integration into FP
- Major Achievements
- Challenges
- Lessons learned
- Recommendations
- Acknowledgements
Established in 1966 as a volunteer-based, local, not for profit NGO that pioneered FP and is now provider of integrated SRH services

Submitted draft working paper for the national population policy launched in 1993

Operates in eight of the eleven regions of the country providing broad ranging, SRH services through 20 clinics, 28 youth centers and outreach sites

Member of IPPF since 1971;

Primarily focuses on improving access to:
  - Long term & Permanent contraceptive methods,
  - Safe motherhood & abortion, as well as,
  - prevention & management of STI/HIV/AIDS
Components of CAC

- Prevention of Unplanned Pregnancy \([\text{education & FP}]\)
- Provision of Safe Abortion service \([\text{MVA, MA}]\)
- Treatment of Incomplete abortion
- Post abortion contraception \([\text{FP}]\)
- Linkage with other services \([\text{STIs, HIV testing, MCH etc}]\)
- Advocacy for policy reform
Factors influencing access to CAC services in FGAE facilities

- **Internal (facility level)**
  - Service delivery facility set up
  - Provider competence & attitude
  - Management & providers commitment
  - Availability & use of proper communication strategy
  - Inadequate knowledge about national laws regarding abortion
  - Lack of proper technology

- **External (community)**
  - Lack of knowledge about availability of services in FGAE facilities;
  - Inadequate knowledge about national laws regarding abortion;
  - Stigma associated with seeking abortion service;
  - Inadequate partnership and referrals;
Transition from PAC to CAC 2009-2011

Before 2009: PAC

- Focus was on post-abortion care

GCACI Phase I (2009-10)

- IEC/BCC Strategy development
- IEC Material development
- Service promotion through media
- Facility refurbishment
- Provider training
- VCAT
- Access to MVA & MA

GCACI Phase II (2011-12)

- Focus on model clinics
- Improve quality of care
- Improve M&E systems
- Replicate best practices to other clinics and youth centers

Clinic assessment to identify areas of improvement
- VCAT for providers, management and volunteers
- Provider training on CAC
- Procurement of equipment and supplies
- Building partnerships
- Strengthening M&E systems
Key Strategies for CAC integration into FGAE Clinics

- Value clarification and attitude transformation for providers, management and volunteers
- Training of providers on comprehensive abortion care including FP Services
- Refurbishment of clinics and supply of essential equipment and consumables
- Advocacy for access to safe abortion and development of IEC strategy and materials on abortion
- Development of abortion protocols and guidelines
- Strengthening of information management system

Increased Access to CAC Services
Ensuring Strong Management Support

- CAC incorporated in FGAE’s mission, programs and services
- Attitude towards Abortion is one core criteria in staff recruitment
- FGAE Management introduced staff consent form to foster commitment for the provision of comprehensive SRH services including abortion
- Value clarification and attitude transformation for all
  - 2 Association level VCAT workshops organized [56 participants]
  - All Branches rolled out VCAT involving 275 staff (managers, service providers & support staff) and 102 volunteers
- Follow up activities underway to motivate staff based on performance;
Role of VCAT in CAC Integration

Facilitated open interaction on abortion

Enhanced volunteers and management understanding of the complexity of abortion services

Helped volunteers and management to understand provider concerns
Building Institutional Capacity: Facility & HR

- 7 clinics refurbished [2009-2011]
- Selected equipment & supplies procured
- CAC Trainings conducted [15 Doctors and 84 Nurses trained]
- VCAT integrated into CAC training
- Supportive Supervision & Technical support provided by FGAE & IPPF
- Recognition & support availed for best performance

Transforming Providers Attitude & Competence
Promoting access to Safe Abortion Services

- Abortion communication strategy designed
- Abortion-focused IEC materials developed
- Abortion focused messages disseminated by staff, volunteers & through media channels
- Process started to put comprehensive data management system in place [registers, Manual & eCMIS] put in place
- Periodic facility assessment conducted

Clients’ utilization of CAC service increased
Key points from Client Satisfaction Survey [2011]

- Survey covered 5 Clinics, 50 CAC clients:
  - Majority of the clients (44%) were between age group 20 to 24 years;
  - Two third (66%) of the clients came to FGAE clinics based on information from their friends;
  - Almost all (92%) of interviewed clients were happy with the quality service [counseling, privacy and respect] they received from the clinics;

- Areas that need improvement:
  - About one third of the clients were not linked to family planning and other RH services;
  - One in every six CAC clients served by the clinics did not get health education in the clinics;
Major Achievements [Quantitative]

1. Number of clinics integrating CAC increased from 12 in 2009 to 31 in 2011
2. 2011 figs are for 9 months.
FGAE CAC and FP performance, Jan-Sept 2011 (5 Higher Clinics)

- Total No. of Clients provided with an abortion: 1498 (Jan-June) 2729 (July-Sept)
- Surgical abortions: 133 (Jan-June) 228 (July-Sept)
- Medical (drug induced) abortions: 1365 (Jan-June) 2501 (July-Sept)
- Incomplete abortion treatment: 22 (Jan-June) 32 (July-Sept)

Abortion Clients by Procedure used:
- MVA: 9%
- MA: 91%
Post abortion contraception clients: Jan-Sept 2011
(5 Higher clinics)

- Total of post abortion clients adopting contraception: 1053 (70%)
- Condoms: 31
- Pills: 263
- Injectables: 695
- Implants: 38
- IUDs: 26

Jan-June 2011 vs July-Sept 2011
Qualitative Developments

- Increased management support for integration of CAC in FGAE facilities and programs;
- Improving staff attitude on Abortion;
- Introduction of more comprehensive data management system in FGAE clinics [now at a pilot phase];
- Promising progress in number of clients using post abortion FP, HIV testing & prevention services;
- Promising progress in leveraging resources through partnership & networking with pertinent organizations;

Key Challenges

- Staff attitude on Abortion
- Very high ‘preference’ for medication abortion [compared to MVA] against increasing price of medication abortion tabs
- Resource limitation to upgrade & sufficiently equip more facilities
Lessons learned

- The need to effectively address missed opportunities [increasing number of Abortion clients adopting LT FP methods]
- Ensuring active involvement of all actors for increased utilization of CAC;
- Building provider capacity on integrated CAC & FP service delivery skills;
- Nurturing strong partnership with stakeholders
- Rolling out integrated data management system to all clinics for better informed decision making;
- The need for continuous monitoring and support to improve service uptake & quality;

Recommendations

- Conducting targeted education to increase access to abortion and contraceptive services;
- Providing sustainable support for the provision of safe abortion services;
- Strengthen the integration of abortion and contraceptive services to prevent repeated incidence of unwanted pregnancy & need for abortion;
- Address barriers that keep women from accessing safe abortion services in FGAE facilities;
- Strengthen FGAE’s strategic partnership with key partners;
- Documentation and sharing of lessons and best practices;
THANK YOU!

FGAE remains thankful to...
IPPF, Netherlands Government, Packard Foundation, FMOH, Ipas, MSI-E and Pathfinder International for their continued technical, financial and material support in its effort to fully integrate Abortion services into its SRH services; and,
To
Bill and Melinda Gates Institute, John Hopkins and IPPF for supporting me to make oral presentation on FGAE’s piece of work at this important Conference