Pathfinder INTERNATIONAL

Pathfinder International works to improve the reproductive health of women, men, and adolescents throughout the developing world.

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Pathfinder International's Postabortion Care Programs

Each year 19-20 million abortions are performed by unskilled providers or by skilled providers in unsanitary conditions. Ninety-seven percent of these occur in developing countries. Approximately 68,000 women die each year as a result of these unsafe abortions—accounting for 13 percent of all maternal deaths—and millions more are sickened and injured, some of them permanently. In some places, such as Addis Ababa, Ethiopia, unsafe abortion accounts for almost 30 percent of maternal mortality.[1]

Complications from unsafe abortion and from incomplete spontaneous abortion should be one of the most treatable and preventable causes of maternal mortality and morbidity, but stigma and fear of social and legal repercussions associated with abortion prevent many women from seeking safe and effective Postabortion Care (PAC) services. In some cases providers stigmatize women admitted for PAC and may punish them by not providing immediate or high-quality care.

Therefore, in addition to training providers on comprehensive clinical PAC services, Pathfinder International works to educate communities about the need for PAC. Once communities understand postabortion complications as life-threatening and worthy of care, the stigma attached to accessing these services is reduced. Pathfinder's facility-based PAC training curriculum addresses stigma and discrimination at the clinic and hospital level.

As a founding member of the international Postabortion Care Consortium, Pathfinder ensures that the five essential elements of PAC are included in all of our PAC programs.[2] These include:

- **Community and service provider partnerships for prevention** of unwanted pregnancies and unsafe abortion, mobilization of resources (to help women receive appropriate and timely care for complications from abortion), and ensuring that health services reflect and meet community expectations and needs;
- **Counseling** to identify and respond to women's emotional and physical health needs and other concerns;
- **Treatment** of incomplete and unsafe abortion and complications that are potentially life-threatening;

Photo courtesy of TAHSEEN

A PAC client receives family planning counseling.

- **Contraceptive and family planning services** to help women and couples prevent an unwanted pregnancy or practice birth spacing; and
- **Reproductive and other health services** that are preferably provided on-site or via referrals to other accessible facilities in providers' networks. Because unsafe abortion is likely to be connected with vulnerability to STIs, HIV, and gender based violence, the model includes risk assessment and interventions to address these issues.

Pathfinder programs work to reduce the delays often encountered in seeking care for postabortion complications and other obstetric emergencies. The delays are divided into the following categories:

- Recognizing the problem;
- Making the decision to act;
- Getting to a facility (e.g., there is a lack of transportation, or the father or husband hasn't given their approval); and
- Receiving services at the facility (e.g., due to a lack of trained providers or providers unwilling to treat postabortion complications).

Pathfinder's PAC programs address these four delays by educating communities on the danger signs of obstetric emergencies, destigmatizing abortion in communities and among providers, and training nurses, midwives, and doctors to perform high-quality PAC.

Pathfinder is currently supporting PAC programs in eight countries, Uganda, Peru, Egypt, Ecuador, Angola, Nigeria, Mozambique, and Ethiopia and has recently concluded a project in Bolivia. Pathfinder's PAC programming involves many sectors of society from communities and grassroots organizations all the way up to ministries of health.

COMMUNITY SUPPORT

Many of Pathfinder's PAC programs focus on building support at the community level. Because there are often misunderstandings of the legality of postabortion care and stigma surrounding both spontaneous and induced abortions, women may delay or completely resist seeking treatment. This hesitancy to receive medical care can prove fatal. To help women and men understand both the legality and necessity of treating postabortion complications, Pathfinder sensitizes communities about the need for PAC and addresses the barriers women face in accessing care.

In 2004, Pathfinder implemented the Community Mobilization around Postabortion Complications in Bolivia project. The project worked in three phases to improve women's access to PAC in two Bolivian communities.

In the first stage Pathfinder staff met with a core group of community members—mainly members of women's groups and other community organizations—to discuss the reasons for unplanned pregnancy, the danger signs of postabortion complications, the availability of PAC services, and the barriers women face in receiving treatment.

Members of this core group then took the information they learned to their constituents and the community at large. This larger group worked together to further spread the messages about preventing unwanted pregnancy and improving access to PAC through educational videos, fairs, training workshops, home visits, educational posters, and other activities. These community-planned activities helped galvanize public support for the project and helped reduce stigma surrounding the need for PAC.

Though Pathfinder's involvement in the project was relatively short, the work initiated under the project is being continued by Bolivian NGO, PROSALUD as part of the Expanded Delivery of Quality, High-Impact Services through Health Networks project. Pathfinder has implemented the model used in Bolivia in its Peru and Egypt PAC programs as well.

COLLABORATION WITH GOVERNMENTS

Pathfinder works with ministries of health to introduce PAC services in countries where they were not previously available and improve them in others. By involving the ministries of health and garnering support for the project at the highest levels of a country's health system, Pathfinder is often able to institutionalize and improve PAC services throughout entire countries.

In 1993 in Peru, Pathfinder conducted a study that showed that MVA is a less expensive method of PAC than dilation and curettage. As a result of this study, and because MVA is a safer, less painful, faster procedure, Peru's Ministry of Health and Social Security Institute partnered with Pathfinder to provide PAC training, including the MVA technique, in 50 hospitals throughout the country. Pathfinder has also helped develop seven PAC training institutes, which serve the entire country.

In Ethiopia, Pathfinder has worked with the Ministry of Health to develop three unique PAC training curricula to address each level of PAC services. The first curriculum is for doctors and nurses at facilities where full treatment can be provided. The second is for use in training nurses at primary health care posts, where patients can be stabilized, prepared for transport to another facility, and receive follow-up care. The third curriculum is used to train community health workers how to educate and mobilize their communities around PAC. This curriculum also teaches community health workers to recognize the signs and symptoms of an obstetric emergency and to take women exhibiting these conditions to the closest health facility. These comprehensive curricula are being used throughout the country to reach all levels of providers involved in caring for women suffering postabortion complications.

COMPREHENSIVE TRAINING IN MVA AND COUNSELING

Pathfinder's PAC training curriculum is holistic, covering all necessary aspects of PAC including the MVA technique, infection prevention precautions, pain management, and counseling. The counseling training includes communication techniques that help providers calm client's fears, before, during, and after the procedure, explain the MVA technique, identify any other reproductive health needs, and provide information on family planning and contraception before the client leaves the facility.

Pathfinder places a strong emphasis during provider training on the need for postabortion contraception. Often, when women are uncomfortable or feel disrespected in a health care facility, they leave as quickly as possible, sometimes without receiving the full range of care. When providers use the communication techniques taught by Pathfinder and treat their clients with respect, PAC clients are more likely to accept a method of contraception.

In 2006, Pathfinder trained 76 providers from 5 different districts of Uganda in PAC. The providers were selected from three public hospitals and nine private hospitals. When possible, two providers were selected from each facility to ensure that a provider would always be available to treat postabortion complications. The trainees, mostly midwives, were eager to learn to treat PAC cases themselves rather than having to refer these cases to larger facilities. One trainee was a tutor at Kalango Nursing and Midwifery Training School, thus allowing PAC to be integrated into the curriculum at the school.

Trainees received five days of theoretical training and nine days of hands-on practice on models and then real incomplete abortion cases. Most providers were able to perform two or three MVA procedures by the end of the training. Counseling training was also done theoretically and then under supervision with actual clients. The rate of postabortion contraception acceptance was 75 percent to 80 percent among the trainees' clients.

SOUTH-TO-SOUTH EXCHANGE

Exchange of technical and programmatic information between developing countries is a progressively important means of increasing access to reproductive health and family planning services throughout the world. Pathfinder's PAC programs have benefited greatly from this type of exchange.

Maternal Health Indicators in Countries Served by Pathfinder PAC Programming

Country	Maternal Mortality*	CPR**	Mother's attitude toward most recent birth		Pathfinder's PAC program
			Not wanted	Wanted later	
Angola	1,700[3]	5%[4]	N/A	N/A	Trained more than 37 midwives and 24 nurses in comprehensive PAC. Established PAC services in 4 centers will expand to all Angolan hospitals.
Nigeria	800[3]	8%[5]	3.1%[5]	15.8%[5]	Trained 314 providers at 136 sites, including 15 youth-friendly facilities, in comprehensive PAC. Established links between community health workers and facilities for PAC referrals. The COMPASS project alone has reached almost 15,000 PAC clients.
Egypt	84[3]	57%[6]	13.4%[6]	5%[6]	Trained 2,129 physicians, 278 nurses, and 2,835 private pharmacists in PAC and other reproductive health topics. Worked with religious leaders, traditional birth attendants, school teachers and others to reduce stigma.
Peru	410[3]	47%[7]	30.7%[8]	25.3%[8]	PAC training in 50 hospitals and developed 7 regional training centers. Improved community attitudes and responses to obstetric complications.
Ecuador	130[3]	59%[4]	20.2%[8]	17.3%[8]	Implemented the Pathfinder comprehensive PAC model in 25 public hospitals.
Ethiopia	673[9]	14%[9]	17.3%[9]	19.6%[9]	Provided PAC training in 36 health centers and trained 8,000 community health workers to educate their communities about unsafe abortion and contraception and identify signs and symptoms of unsafe abortion for referral to facilities.
Bolivia	420[3]	35%[10]	31.7%[8]	20.2%[8]	Introduced Pathfinder PAC programming norms and guidelines into the MOH system. Trained 1,092 service providers in comprehensive PAC.
Uganda	505[11]	18%[11]	14.6%[11]	24.8%[11]	Trained 76 providers from 5 districts in MVA and counseling techniques.
Mozambique	79[12]	12%[12]	3.7%[8]	20.1%[8]	Trained 44 rural providers in MVA. Trained 30 female community activists and 42 traditional healers to promote community involvement and reduce stigma.

*per 100,000 live births; **modern contraceptive use (married females 15-49)

In 2004 the Angolan Ministry of Health, with support from Pathfinder/Angola, sent two groups—one of physicians and nurses, and one of national-level Ministry of Health trainers—to Peru to receive PAC training from Pathfinder/Peru. Pathfinder not only trained the Angolan delegation in MVA and counseling techniques, but shared Pathfinder's well-established standards, guidelines, and procedures for developing a PAC program.

Upon return, the Angolan delegates established services in four Ministry of Health sites. Pathfinder/Angola helped the Ministry of Health improve the infrastructure of the clinics and equip them to care for postabortion emergencies.

The partnership between Peru and Angola continues to thrive. In July and August of 2006 a PAC training team from Peru visited Angola to train an additional 37 midwives and 24 doctors on PAC and postabortion contraception. The Peru staff also facilitated facility assessments and ensured that the four Ministry of Health PAC sites were stocked with the necessary supplies, including manual vacuum aspiration equipment.

The Angolan National Director of Public Health and the Luanda State Director of Public Health have shown interest in expanding PAC services into all Angolan hospitals. The relationship between Pathfinder's Peru and Angola offices will continue to work towards realizing this goal.

Pathfinder continues to seek opportunities to improve PAC services throughout the world. The Pathfinder board of directors has recently allocated $500,000 to develop youth-friendly PAC services in Angola, Ethiopia, Ghana, Kenya, Nigeria, Mozambique, Tanzania, and Uganda. The funds will be used to integrate PAC services into existing youth-friendly facilities, or create youth-friendly services within existing PAC programming to address the heavy burden of unsafe abortion on youth throughout the region. The program will not only increase availability of youth-friendly PAC, but also help prevent unintended pregnancies by building community support for services and activities that help prevent unintended pregnancies and increasing the number of adolescent PAC clients that accept a contraceptive method.

1 Grimes, A. David et al., *Unsafe abortion: the preventable epidemic*, Lancet 2006; 368: 1908-19

2 http://www.pac-consortium.org/site/PageServer?pagename=PAC_Model (1/17/07)

3 Population Reference Bureau, *PRB 2005 Women of Our World.* (PRB, Washington, D.C., 2005)

4 Population Reference Bureau, *PRB 2006 World Population Data Sheet.* (PRB, Washington, D.C., 2006)

5 National Population Commission (NPC) [Nigeria] and ORC Macro. 2004. *Nigeria Demographic and Health Survey 2003.* Calverton, Maryland: National Population Commission and ORC Macro.

6 El-Zanaty, Fatma and Ann Way. 2006. *Egypt Demographic and Health Survey 2005.* Cairo, Egypt: Ministry of Health and Population, National Population Council, El-Zanaty and Associates, and ORC Macro.

7 INSTITUTO NACIONAL DE ESTADÍSTICA E INFORMÁTICA (INEI) [Peru] and ORC Macro. 2004 *Encuesta Demográfica y de Salud Familiar ENDES Continua 2004.* Lima, Peru and Calverton, Maryland USA: INEI and ORC Macro. 2004

8 Population Reference Bureau, *PRB Family Planning Worldwide 2002 Data Sheet* (PRB, Washington, D.C., 2005)

9 Central Statistical Agency [Ethiopia] and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005.* Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

10 Sardán, M.G. et al, *Encuesta Nacional de Demografía y Salud ENDSA 2003.*, Calverton, Maryland USA: Instituto Nacional de Estadística (INE), Ministerio de Salud y Deportes (MSD), and ORC Macro.

11 Uganda Bureau of Statistics (UBOS) and ORC Macro. 2001. *Uganda Demographic and Health Survey 2000-2001.* Calverton, Maryland, USA: UBOS and ORC Macro.

12 Instituto Nacional de Estatística and ORC Macro. 2003. *MOÇAMBIQUE Inquérito Demográfico e de Saúde 2003.* Maputo, Mozambique and Calverton Maryland, USA: Instituto Nacional de Estatística and ORC Macro.