



# Saving Young Lives: Pathfinder International's Youth-Friendly Postabortion Care Project

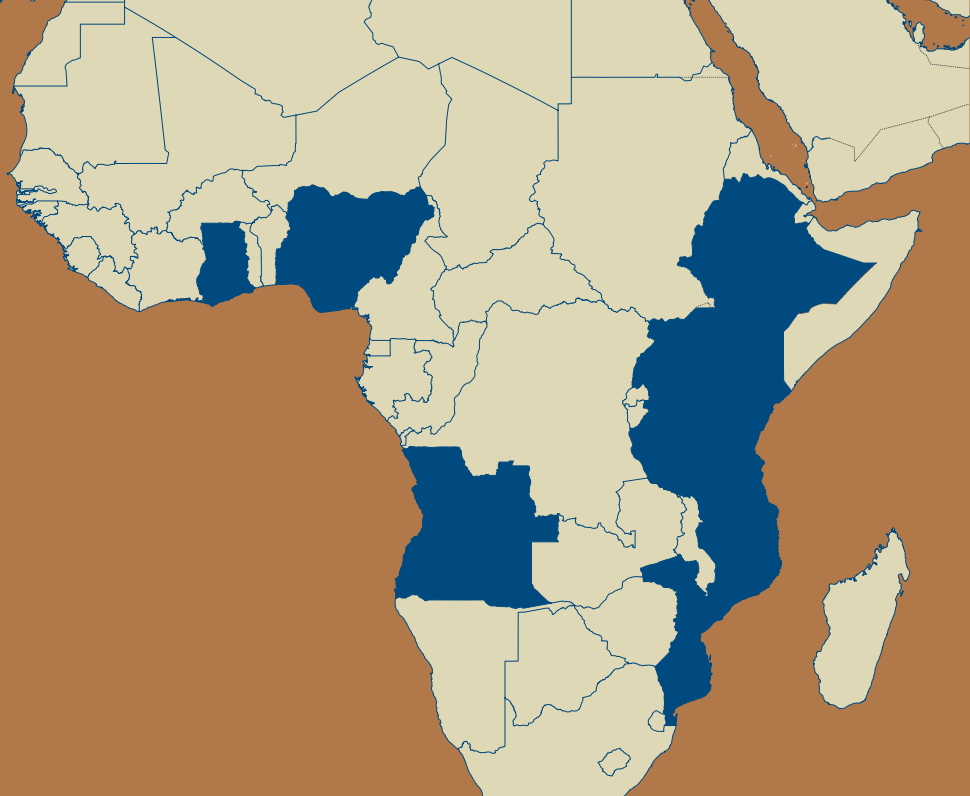


# Pathfinder International's Youth-Friendly Postabortion Care Project

## Table of Contents

Executive Summary .....	2
Introduction.....	3
The Pathfinder International Youth-Friendly Postabortion Care Project .....	5
Country-Specific Program Descriptions .....	6
<b>Program Implementation .....</b>	<b>8</b>
Essential Steps and Results of Program Implementation.....	8
Facility-Level Implementation .....	8
Facility Selection.....	8
Facility Assessments .....	9
Action Plans .....	10
Provider Training.....	10
Orientation Meetings .....	13
Facility Renovations and Provision of Equipment.....	13
Supportive Supervision.....	14
Community-Level Implementation .....	15
Community Sensitization Meetings .....	15
Peer Educator Training.....	16
Referral System .....	17
Overall Results of the Community Intervention.....	17
<b>Challenges, Lessons Learned, and Recommendations .....</b>	<b>18</b>
Facility Assessment .....	18
Training.....	18
Peer Educators .....	20
Advocacy.....	21
Facilities .....	22
<b>Conclusion .....</b>	<b>23</b>
<b>Acronyms and Abbreviations.....</b>	<b>24</b>

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## Pathfinder International

Pathfinder International believes that reproductive health is a basic human right. When parents can choose the timing of pregnancies and the size of their families, women's lives are improved and children grow up healthier.

Pathfinder International provides women, men, and adolescents throughout the developing world with access to quality family planning and reproductive health information and services. Pathfinder works to halt the spread of HIV/AIDS, to provide care to women suffering from the complications of unsafe abortion, and to advocate for sound reproductive health policies in the US and abroad.

## Pathfinder International's Youth-Friendly Postabortion Care Project

Based on our deeply held belief that all people, including adolescents, have a right to sexual and reproductive health services and the importance of addressing adolescent needs within Postabortion Care (PAC) services, Pathfinder used private funds to initiate a Youth-Friendly Postabortion Care (YFPAC) program in eight sub-Saharan African countries—Angola, Ethiopia, Ghana, Kenya, Nigeria, Mozambique, Tanzania, and Uganda. This initiative built on Pathfinder's previous experience working at Kenyatta National Hospital, where Pathfinder's adolescent PAC project was touted as a pioneer in this uncharted arena and its leadership in the establishment of an Interagency Working Group on YFPAC within the PAC Consortium.\* Implemented between June 2007 and May 2008, the goal of the YFPAC initiative was to increase access to PAC services that are responsive to adolescent needs in sub-Saharan Africa.

\* "The Postabortion Care Consortium was established in 1993 by Ipas, AVSC (now EngenderHealth), JHPIEGO, Pathfinder and IPPF to encourage USAID, UNFPA and other international donors and agencies in the reproductive health and population field to address the issue of unsafe abortion in their policies and programs. Additional organizations joined in subsequent years and currently the PAC Consortium has members representing 29 organizations worldwide." [http://www.pac-consortium.org/site/PageServer?pagename=About\\_Us\\_History](http://www.pac-consortium.org/site/PageServer?pagename=About_Us_History) (9/5/08)

# Saving Young Lives: Pathfinder International's Youth-Friendly Postabortion Care Project

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**The development of this paper would not have been possible without the cooperation and dedication of Pathfinder staff around the world.**

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## Executive Summary

As many as 2.5 million adolescent women seek abortion each year,<sup>1</sup> and nearly 70,000 women die from complications related to unsafe abortion, of which almost half are women under the age of 25. A further 5 million women suffer disability due to unsafe abortion yearly.<sup>2</sup> In most developing countries, abortion is legally restricted or highly inaccessible, which leads young women to seek services from unskilled practitioners often leading to incomplete, septic abortions and massive bleeding, which can result in permanent injury, infertility, and death.

Based on our deeply held belief that all people, including adolescents, have a right to sexual and reproductive health services and the importance of addressing adolescent needs within Postabortion Care (PAC) services, Pathfinder used private funds to initiate a Youth-Friendly Postabortion Care (YFPAC) program in eight sub-Saharan African countries. Implemented between June 2007 and May 2008, the YFPAC program offered an opportunity to apply the PAC Consortium's *Technical Guidance on Youth-Friendly PAC*, generating promising approaches and lessons learned.

The goal of the YFPAC initiative was to increase access to PAC services that are responsive to adolescent needs in sub-Saharan Africa. While outcomes varied according to the country, the overall outcomes included:

- Increased community support for services and activities that prevent unwanted pregnancy, decreased stigma around abortion, and awareness of the issue of unsafe abortion among adolescent women: 311 peer educators reached almost 17,487<sup>3</sup> youth and other community members; 171 stakeholders (e.g., religious and traditional leaders, health officials, and local government officials) were sensitized on YFPAC, resulting in a positive shift in communities' attitudes toward youth in need of PAC services.
- 125 service providers were trained to deliver YFPAC services and three doctors in Ghana were provided with a technical update on YFPAC.
- YFPAC services are available in Angola, Ghana, Nigeria, Mozambique, Tanzania, Uganda, Ethiopia, and Kenya. Pathfinder introduced YFPAC services into 25 facilities (in 27 service delivery points), and provided more than 3,800 clients with YFPAC services throughout the eight countries. The number of adolescent PAC clients seen at the project facilities increased—710 clients were seen in the first quarter, 1,144 were seen in the fourth.
- The number of adolescent PAC clients who adopt a contraceptive method to prevent future unintended pregnancies has increased. Statistics show an average postabortion contraceptive acceptance of 69%, with the highest acceptance being 83% and the lowest being 44%.<sup>4</sup>
- Evidence-based approaches, tools, and lessons learned are being disseminated and used for scale-up or replication of YFPAC interventions.

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1 World Health Organization (WHO) 2007 *Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*. 5th edition. Geneva, Switzerland

2 Ibid.

3 Data from Kenya are not included in this number.

4 These percentages do not include data from Mozambique. Not all facilities in the other seven countries collected this data.

## Introduction

Adolescence is a time of change and experimentation for young people in all societies. As they emerge from the security of childhood and protection of parents and guardians, adolescents learn important lessons about adult life, but at the same time are exposed to new risks, including unplanned pregnancy. In many developing countries, youth are left particularly vulnerable to unplanned pregnancy due to traditional gender roles that give adolescent women little power to negotiate for safer sex. With limited information about Sexual and Reproductive Health (SRH), poor access to contraception, and economic pressures, young women often resort to transactional sex to meet their daily needs. Youth lack power vis-à-vis adults, which makes them vulnerable to intergenerational sex and less able to advocate for their right to SRH information and services.

As the world's population continues to rise—in the last 100 years the earth's populace has increased from 1.6 billion to 6.1 billion people and from 2001 to 2007 another half-billion people were added to the planet—the percentage of youth in relation to the total population is increasing rapidly.<sup>5</sup> Almost half the world's current population is under 25 years old and 87 percent of the world's adolescents live in developing countries.<sup>6,7,8</sup> Given the demographics, it is imperative that adolescents are equipped with comprehensive SRH information and have access to SRH services so they can stay healthy and avoid unplanned pregnancies.

The social and economic impact of unwanted pregnancy on adolescent women is complex, especially in developing countries where sex outside of marriage is often socially taboo. Although there are regional and cultural differences, more young people are engaging in premarital sexual behavior as both women and men are marrying at later ages, resulting in a longer period of time in which pregnancy can occur outside of marriage. Such trends are sure to continue, as youth's behaviors are increasingly influenced by media, urbanization, migration, and changing gender roles.<sup>9</sup>

Young women who become pregnant before marriage may be forced to leave school or their parents' homes, be socially ostracized, and face parenthood with limited skills and financial resources. For these reasons and many more, adolescent girls often choose to terminate unplanned pregnancies. Ninety-eight percent of unsafe abortions occur in developing countries,<sup>10</sup> where abortion is legally restricted or highly inaccessible, which leads women to seek services from unskilled practitioners and traditional healers who may induce abortion through the use

## The Need for YFPAC at a Glance

- 19.7 million women resort to unsafe abortion each year; 2.5 million are adolescents
- 70,000 women die and a further 5 million women suffer disability due to unsafe abortion each year
- 13% of total maternal mortality and 18% of maternal mortality among adolescents is caused by unsafe abortion<sup>a</sup>
- 60% of unsafe abortions in Africa, 42% in Latin America and the Caribbean, and 30% in Asia are performed on women under the age of 25<sup>b</sup>
- Less than 5% of the poorest sexually active youth use modern contraception<sup>c</sup>

a World Health Organization (WHO) 2007 *Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*. 5th edition. Geneva, Switzerland

b Ibid.

c UNFPA. 2003. *Making 1 Billion Count: Investing in Adolescents' Health and Rights*. State of World Population 2003. New York: UNFPA

5 Population Reference Bureau, "World Population Highlights," *Population Bulletin* 62, no. 3 (2007)

6 UNFPA Adolescent Fact Sheet 2005

7 Adolescents comprise the 10- to 19-year age group. Youth usually refer to males and females between the ages of 15-24, and young people includes both youth and adolescents. "Youth," "young people," and adolescents will be used interchangeably in this document.

8 de Bruyn, M. and S. Packer. 2004. *Adolescents, Unwanted Pregnancy and Abortion: Policies, Counseling, and Clinical Care*. Chapel Hill, NC: Ipas.

9 Senderowitz, J. Hainsworth, G. and Solter, C. 2003. *A Rapid Assessment of Youth Friendly Reproductive Health Services*. Technical Guidance Series, No. 4. Watertown, MA, Pathfinder International.

10 World Health Organization (WHO) 2007 *Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2003*. 5th edition. Geneva, Switzerland



## Student Saved by YFPAC

At 18 years old, Azmera\* is looking forward to a bright future. Though both of her parents died from complications of AIDS, Azmera was able to stay in school. She was accepted to the local university and was looking forward to continuing her studies when she traveled back to her parents' village to visit before classes began. When she arrived she was attacked and raped by a man in the village. "Ever since my parents died, this man wanted to marry me. But I wanted to continue my education," she said. Soon Azmera discovered she was pregnant. Knowing that a baby would derail her dreams of furthering her education, Azmera visited a local quack who gave her herbs to induce an abortion. She soon began to bleed, but also became severely ill with pain and fever.

Azmera's sister urged her to go to the hospital in Adigrat, but she resisted, fearing that the providers would be disapproving and unkind. But when her fever remained and her cramping increased, Azmera agreed to go to the hospital.

At Adigrat Hospital, Azmera was relieved to find that the provider treated her kindly and with respect. Azmera trusted the nurse and felt she would keep her condition confidential. Azmera's only fear was that she would see someone she knew and they would know she had a pregnancy-related problem since the services were provided in the maternity ward.

The nurse tested Azmera for HIV—she is negative—and counseled her on FP, including emergency contraceptive pills, and safe sex. She is looking forward to beginning her university classes soon.

\*Not her real name.

of herbal mixtures or by inserting sharp objects into the uterus. These unsafe methods of abortion often lead to incomplete, septic abortions and massive bleeding and can result in permanent injury, infertility, and death. As many as 2.5 million unsafe abortions in developing countries are among adolescent women.<sup>11</sup> Nearly 70,000 women die from complications related to unsafe abortions each year, of which almost half are women under the age of 25 and a further 5 million women suffer disability due to unsafe abortion.<sup>12</sup>

Adolescent women are more susceptible to the complications of unsafe abortion because they often delay seeking an abortion and resort to cheaper, untrained, and unsafe providers due to ignorance or denial that they are pregnant, inability to pay for a safe abortion, or fear of others discovering that they have engaged in sexual activity and are pregnant. Once complications develop, youth are also more likely to delay seeking life-saving Postabortion Care (PAC) services due to ignorance of the existence of PAC services or the location of such services, fear of negative and judgmental provider attitudes and lack of confidentiality, inability to pay for services, lack of transportation to the facilities, fear of the medical procedure, and feelings of shame or embarrassment at needing the service.

Although there is international recognition of the importance of PAC in reducing maternal mortality and morbidity, funding for PAC and Family Planning (FP) has decreased in Africa due to the diversion of funding to address the HIV pandemic. This has led to a stagnation and even decline in such services for all women, especially adolescents. In addition, few programs directly target young women within their PAC services despite the extraordinary incidence of unsafe abortions among adolescents. According to Population Action International, U.S. funding for international SRH/FP programs has declined by nearly 40 percent in the last decade when adjusted for inflation though the need and demand for services is increasing rapidly, especially among the burgeoning youth population.

This lack of access often leads to unplanned pregnancy and

unsafe abortion. In addition, issues of stigma around abortion and youth SRH, lack of trained staff, and shortages of MVA equipment all contribute to low quality or inconsistent availability of PAC services.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

## The Pathfinder International Youth-Friendly Postabortion Care Project

Based on our deeply held belief that all people, including adolescents, have a right to SRH services and the importance of addressing adolescent needs within PAC services, Pathfinder used private funds to initiate a Youth-Friendly PAC (YFPAC) Program in eight sub-Saharan African countries—Angola, Ethiopia, Ghana, Kenya, Nigeria, Mozambique, Tanzania, and Uganda. This initiative builds on Pathfinder’s previous experience working at Kenyatta National Hospital, where Pathfinder’s adolescent PAC project was touted as a pioneer in this uncharted arena and its leadership in the establishment of an Interagency Working Group on YFPAC within the PAC Consortium.<sup>13</sup> Implemented between June 2007 and May 2008, the YFPAC Program offered an opportunity to apply the PAC Consortium’s *Technical Guidance on Youth-Friendly PAC*, generating promising approaches and lessons learned.

The goal of the YFPAC initiative was to increase access to PAC services that are responsive to adolescent needs in sub-Saharan Africa. While results varied according to the country, the overall outcomes included:

- Increased community support for services and activities that prevent unwanted pregnancy, decreased stigma around abortion, and awareness of the issue of unsafe abortion among adolescent women;
- Service providers capable of delivering youth-friendly PAC services;
- Availability of YFPAC services in Angola, Ghana, Nigeria, Mozambique, Tanzania, Uganda, Ethiopia, and Kenya;
- Increased number of adolescent PAC clients who adopt a contraceptive method to prevent future unintended pregnancies; and
- Evidence-based approaches, tools, and lessons learned disseminated and used for scale-up or replication of YFPAC interventions.



Above: “Previously we knew girls were vulnerable to abuse or rape...we know that they will do drastic things to end the pregnancy. We strongly believe in this service.”  
—A peer educator in Alamata, Ethiopia

photo: Mary K. Burket/Pathfinder International

<sup>13</sup> “The Postabortion Care Consortium was established in 1993 by Ipas, AVSC (now EngenderHealth), JHPIEGO, Pathfinder and IPPF to encourage USAID, UNFPA and other international donors and agencies in the reproductive health and population field to address the issue of unsafe abortion in their policies and programs. Additional organizations joined in subsequent years and currently the PAC Consortium has members representing 29 organizations worldwide.”  
[http://www.pac-consortium.org/site/PageServer?pagename=About\\_Us\\_History](http://www.pac-consortium.org/site/PageServer?pagename=About_Us_History) (9/5/08)

## Country-Specific Program Descriptions

Because each of the eight countries had slightly different requirements, the YFPAC program was tailored to the needs, resources, and opportunities available in each country. Brief descriptions of each country program follow.

### ANGOLA: Kamba Fixe (“Good Friend”)

Complementing Pathfinder/Angola’s previous work establishing PAC services in nine health facilities, the YFPAC project focused on strengthening existing PAC services at the peri-urban Cacucaco Health Centre in Luanda Province to make them more comprehensive and youth friendly. Pathfinder trained PAC providers to provide YFPAC, and also trained peer educators from two secondary schools to implement Behavior Change Communication (BCC) activities in the school and the community to change adolescent knowledge, attitudes, and practices around SRH. Peer educators were an important point of referral for PAC and other Adolescent Sexual and Reproductive Health (ASRH) services. Pathfinder/Angola partnered with the Ministry of Health (MOH), the Municipal Department of Education, the Youth and Sports Department from the Angolan government, and local NGOs—CAJ-Jiro and Agi Jovem, Population Services International/Angola, UNFPA, and UNICEF.

### ETHIOPIA: Integrating Postabortion Care into Youth-Friendly Services

Building on Pathfinder/Ethiopia’s experience in implementing Youth-Friendly Services (YFS) and PAC services, YFPAC activities were integrated into six existing YFS sites in Amhara and Tigray regions:<sup>14</sup> Bahir Dar, Dabat, Dessie, and Alamata Health Centers, Adigrat Hospital, and Mekelle University–Adihaki Campus. Community-based RH agents and peer educators previously trained by Pathfinder/Ethiopia programs disseminated messages on prevention of unwanted pregnancy and unsafe abortion and referred clients to YFPAC facilities. In addition to the standard activities—facility assessments, action plans, trainings, and facility renovations—Pathfinder/Ethiopia thoroughly integrated risk assessment for Sexually Transmitted Infections (STIs), HIV counseling and testing, and referrals for further HIV care and treatment into their YFPAC services. The project collaborated with MOH/Family Health Department, Regional Health Bureaus, respective health facilities, universities, and implementing partner organizations in the project areas.

### GHANA: Integration of YFPAC into the MCH Services of Three Ghana Health Service Facilities

Building on the success of the African Youth Alliance (AYA) project in establishing YFS,<sup>15</sup> Pathfinder/Ghana worked with three previous AYA facilities located in Accra—La General Hospital, Usher Fort Polyclinic, and Amassaman Health Centre—to improve the quality of their PAC services for young people. Service providers developed new skills through YFPAC training and supportive supervision. Orienting clinic managers and auxiliary staff on YFPAC led to more welcoming facility environments. Minor refurbishments were undertaken to increase privacy and ensure separate areas for procedures and counseling. All three sites were provided with MVA and other equipment, including locked boxes to hold FP supplies and visual aids to facilitate “on-the-spot” postabortion contraceptive provision. To increase support for YFPAC, Pathfinder/Ghana widely disseminated the PAC Consortium’s *Technical Guidance on YFPAC* to service providers and health administrators in the Greater Accra Region. Service providers have integrated YFPAC-related topics (e.g., prevention of unwanted pregnancy and the importance of prompt treatment in the case of abortion complications) into daily health talks at each facility to increase awareness of YFPAC services.

### KENYA: Enhancing YFPAC in Central Province, Kenya

To leverage resources and build upon existing programs, the project established YFPAC services at three clinical sites supported by its AIDS, Population, and Health Integrated Assistance Nairobi/Central (APHIA II N/C) project in Central Province. Service providers in Tigon District Hospital, Thika District Hospital, and Gatundu District Hospital were trained in providing YFPAC, and APHIA II-supported peer educators and theatre groups were trained on prevention of unwanted pregnancy, unsafe abortion, STIs/HIV, and where to access YFPAC services. Members of village health committees, local partners, and community leaders involved in community awareness-raising were trained to advocate for youth-focused health needs, make referrals to APHIA II-supported health

<sup>14</sup> In one site, YFPAC was established at a facility near the YFS site but not actually within the YFS site due to facility renovations that were ongoing at the time of the project.

<sup>15</sup> From 2000–2005, Pathfinder partnered with the United Nations Population Fund (UNFPA) and the Program for Appropriate Technology in Health (PATH) to implement the African Youth Alliance Project in Uganda, Ghana, Botswana, and Tanzania. The project aimed to improve adolescent reproductive health and reduce the spread of HIV and other STIs in these four countries.



facilities, and to conduct activities to reduce abortion-related stigma in the community that can inhibit adolescents from seeking needed care.

### **MOZAMBIQUE: Comprehensive YFPAC Services at Maputo Central Hospital**

Building on the MOH and Pathfinder's YFS experience and Maputo Central Hospital's comprehensive PAC services, Pathfinder/Mozambique has focused on strengthening referrals and the continuum of care between five existing YFS sites and the hospital. Peer educators were taught how and where to access needed services and the importance of postabortion contraception. At the community level, four youth associations (Coalisão, Avimas, Nucleo de Mavalane, and Amodefa) are responsible for community mobilization and outreach to increase awareness of the right to treatment for abortion complications, places to access PAC services, and issues of service quality and access. A current operations research study seeks to identify ways to strengthen postabortion counseling and contraception for youth clients. The study will measure the rate of continued contraceptive use one month, six months, and one year after the initial PAC visit to determine the effectiveness of the new interventions.

### **NIGERIA: Development of YFPAC Services in Kaduna South, Kaduna North, and Igabi LGAs of Kaduna State**

Through collaboration with the Women Reproductive Health Center (WRHC), a local youth-serving NGO, Pathfinder/Nigeria integrated comprehensive PAC services into four existing youth-friendly facilities in Kaduna State (Theck, Biba, Alheri Na Kowa, and Sam Olu) and mobilized targeted communities to address unwanted pregnancy and unsafe abortion and provide comprehensive PAC services. The project provided facilities with equipment and supplies, and trained providers to offer comprehensive YFPAC services. Peer educators conducted community outreach activities to disseminate ASRH information, provide information on YFPAC, distribute non-prescriptive FP methods, and make referrals for YFPAC services.

### **TANZANIA: Strengthening YFPAC in Dar es Salaam**

Drawing on experience from the AYA Project, Pathfinder/Tanzania strengthened PAC services for youth in three AYA public sector YFS facilities in Dar es Salaam: Sinza, Tandale, and Buguruni. Support included training service providers in YFPAC, facility assessments, implementation of key quality improvements (e.g., locating contraceptive supplies in/near the procedure room, provision of equipment, and increasing



Above: These okada drivers are available to women in the community and know to transport a woman to a WRHC facility if she is bleeding or experiencing complications of an unsafe abortion.

photo: Amy Coughlin/Pathfinder International

client privacy), and monthly supervision and coaching. Community outreach on prevention of unwanted pregnancy and unsafe abortion, where to seek PAC services, and the importance of emergency care and prevention services were carried out through trained peer providers and community counselors previously established under AYA.

### **UGANDA: Creating YFPAC Services in Conflict-Affected Northern Uganda**

Pathfinder/Uganda worked with previously trained PAC providers from facilities with high adolescent PAC client loads in Lira and Dokolo districts in Northern Uganda. The project focused on improving communication with young people, youth-friendly approaches, and the tailoring of PAC services to adolescent PAC client needs. Pathfinder/Uganda established YFPAC services in Lira Regional Referral Hospital, Marie Stopes–Lira Centre, Downtown Medical Centre, and Amach health unit. Peer providers were trained to reach out to adolescents in the community, and into three selected schools, using community discussions, drama, radio programs, and debates. They provided non-clinical contraceptive methods and made referrals for PAC or other clinical SRH services. Referral linkages between lower level health facilities and the four YFPAC sites were strengthened to encourage timely referral of young clients with abortion complications.

## Program Implementation

### Essential Steps and Results of Program Implementation

Though the YFPAC program was adapted to fit the specific needs of each of the eight project countries, some common approaches and interventions were applied throughout. Broadly, the YFPAC program can be divided into two parts: facility-level interventions, and community interventions. Both are essential to the implementation of a YFPAC program. The facility-level interventions ensured that YFPAC services meet standards of quality, including privacy, confidentiality, proper infection prevention procedures, and adequate pre- and post-procedure and FP counseling. Community-level interventions created a supportive environment for youth in need of PAC services and informed communities about the importance of preventing unwanted pregnancies and unsafe abortions and the availability of YFPAC services. The essential steps of both the facility and community interventions and their results are described below.

#### Facility-Level Implementation

In just one year, Pathfinder introduced YFPAC services into 25 facilities (in 27 service delivery points),<sup>16</sup> trained 125 service providers, and provided more than 3,800 clients with YFPAC services throughout the eight countries. The facility-level YFPAC interventions focused on improving providers' skills and attitudes toward their young clients and making the physical improvements necessary to provide comfortable, private, and confidential YFPAC services.

**Table 1: Key Results by Country**

TOTAL	Angola	Ethiopia	Ghana	Kenya	Mozambique	Nigeria	Tanzania	Uganda	TOTAL
# of facilities providing youth-friendly PAC services	1	6	3	3	1	4	3	4	25
# of providers trained on youth-friendly PAC, by type	5	20	20 <sup>17</sup>	16	22	14	12	16	125
# of adolescent PAC clients served <sup>18</sup>	145	336 <sup>19</sup>	232	422	1532	447	380	353	3847
% of adolescent PAC clients that accept a modern contraceptive method during the time of service provision	75	82	62 <sup>20</sup>	71 <sup>21</sup>	10 <sup>22</sup>	83	44	52 <sup>23</sup>	69 <sup>24</sup>

#### Facility Selection

Pathfinder country offices selected the project facilities in consultation with the MOH or implementing NGOs. Countries were asked to select facilities that offered PAC services; in some cases, countries selected sites where Pathfinder had previously worked to make SRH services youth friendly but had not included PAC within these earlier efforts. While the intent was to

16 In Mozambique, Pathfinder is working within three different departments of the Central Hospital of Maputo, so is working within one facility and three service delivery points.

17 Three additional physicians were given technical updates on YFPAC.

18 Country variations of the number of YFPAC clients served are due to differences in the number and location (urban/rural) of facilities, data irregularities, and different time periods of service delivery.

19 Data were not available for two months out of the year.

20 This figure represents data only from the Amasaman and Usher facilities.

21 This figure represents data only from Gatundu Hospital.

22 This figure represents baseline data of the control group collected by Pathfinder/Mozambique over the course of the project. Now that providers have been trained in YFPAC, we expect the percent of clients accepting a method of postabortion contraception to increase.

23 This data represents only quarter four.

24 This figure does not include data from Mozambique.

select facilities where PAC services already existed and improve their ability to address the specific needs of youth clients, in some instances it became evident once the project began that PAC services were extremely weak or non-functioning, requiring a greater level of input than initially planned.

### *Facility Assessments*

Each facility was assessed using the Pathfinder YFPAC facility assessment tool, which guided the assessment teams in gathering a comprehensive set of data about each facility’s ability to provide YFPAC services. The composition of assessment teams varied by country, but included a mix of Pathfinder staff, MOH or implementing partner organization staff, and youth.

Before the assessments, Pathfinder met with the assessment team to introduce the project, the assessment tool, and the goals of the assessment. The team then met with the staff of each facility being assessed to introduce the assessment process and explain the goals of the YFPAC program. The assessments were done through interviews with facility management, providers, and youth clients, observation of provider-client interaction, observation of the facility set-up and available commodities, drugs, and equipment, and a review of service statistics and administrative policies and procedures. Elements that were assessed included:

- The facility environment,
- Privacy and confidentiality,
- Hours of operation,
- The skills of available personnel,
- Pain management,
- Provision of postabortion counseling and contraception,
- Client volume,
- Referrals for other services,
- Existence of functioning equipment and sufficient quantities of commodities,
- Infection prevention procedures, and
- Existence of BCC materials and outreach efforts.

At the end of each assessment, the findings were discussed with the facility staff. The assessment team took this time to learn what the staff believed were the most critical issues pertaining to the provision of YFPAC and clarified some of the initial findings. The participatory nature of the assessment process led to buy-in and ownership by facility staff from the onset of the program.

The detailed facility assessment tool helped each office tailor the program to meet the needs of its facilities. Strengths across most facilities included:

- Referrals made for other services,
- Emphasis on dual protection/dual method,
- Proper infection prevention followed,
- A range of postabortion contraceptive methods offered, and
- Reasonable waiting times.

Areas needing improvement in some facilities included:

- Failure to deliver PAC services (especially postabortion counseling and FP) 24 hours a day, 7 days a week resulting in low postabortion contraceptive uptake;
- Inadequate attention to pain management;
- Lack of skilled providers;
- Lack of privacy and confidentiality;
- Lack of youth input in service provision;
- Lack of respect for youth;
- Failure to orient non-medical staff on YFPAC;
- Insufficient stock of supplies and equipment;
- Unavailability of outreach services/peer educators;
- Unaffordable fees; and
- Lack of adequate rooms for YFPAC resulting in service provision in the maternity ward, which can create emotional hardship for PAC clients.



Above: Usher Polyclinic, Ghana— This is one of the new MVA procedure rooms renovated by the YFPAC project. The facility allocated space in a newly built block and Pathfinder complemented this effort by providing new equipment and materials.

photo: Nancy Ryan/Pathfinder International



Above: "Previously, I had no understanding of the law. Now I understand that abortion is legal in some cases and PAC is always legal. I'm particularly proud of the integrated services I offer: FP and HIV counseling and testing combined with PAC."  
— Adigrat Hospital Nurse

photo: Mary K. Burket/Pathfinder International

In Mozambique, even before the assessment was completed, high staff motivation to improve services prompted changes to enhance client privacy and shorten waiting time.

#### *Action Plans*

With the assessment team's guidance, the facility prioritized the issues discovered during the assessment and identified the root cause for each to facilitate development of a solution.

Guided by this analysis, the facilities developed an action plan that included solutions to the identified issues, necessary resources, the person responsible for each action, and the date it would be completed. Facility staff divided the actions among themselves, being careful to distribute the tasks appropriately among all levels of the staff. Action plans included physical improvements to increase privacy, provider training and staff orientation, relocation of contraceptive commodities and improvements in counseling to increase postabortion contraception, and outreach activities to inform communities about the program. Where applicable, the results of the assessment and the action plans were shared with government health management teams.

#### *Provider Training*

Once the facilities finalized their action plans, they were asked to identify the appropriate service providers to attend the YFPAC training. Drawing on international best practices to increase the number of PAC providers, the training was focused on mid-level providers (nurses, nurse-midwives, and clinical officers). Training midlevel providers reduces delays in receiving treatment by increasing the number of providers trained in the procedure and eliminating the need to involve overburdened physicians. Midlevel providers are also better placed to provide counseling and other aspects of comprehensive YFPAC services, which require client-provider interaction. Physicians were also trained to provide supervision and back up for complicated cases.

The trainings took between 7 and 15 days, depending on the gaps in existing skills and included both classroom and practical training. Each country either used their national training curricula, the Pathfinder YFPAC training curriculum, or a combination of both. Each training covered the five essential elements of PAC as defined by the PAC Consortium:

- **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, including contraception;
- **Treatment of incomplete and unsafe abortion** and complications that are potentially life threatening;
- **Contraceptive and FP services** to help women 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.<sup>25</sup>

25 PAC Consortium Community Task Force. *Essential Elements of Postabortion Care: An Expanded and Updated Model*. July 2002

Because the PAC visit may be an adolescent's first time accessing SRH services, and unwanted pregnancy also signals vulnerability to STIs, including HIV, it is important that YFPAC providers use the opportunity to do risk assessment, screen for, and educate young women about STIs, HIV, and FP. Therefore the training provided ample time for general discussion about ASRH and counseling role-play exercises.

Trainers included Pathfinder staff, consultants, and obstetrician/gynecologists from the training hospitals. The training began with a few days of instruction on ASRH and the aspects of youth-friendly techniques. Clinical aspects of care, including treatment for complications and the Manual Vacuum Aspiration (MVA) procedure, as well as infection prevention, postabortion contraception, and referrals were introduced later in the training. Trainers and providers reported that focusing on the social and psychological reasons that lead young women to require PAC services helped the providers to better understand their young clients' situations and to be more empathetic. They were then also more open to learning other aspects of PAC, including MVA, infection prevention, postabortion FP, and referrals for further care.

Before practicing the MVA procedure on clients, trainees practiced on pelvic models. Ideally, each trainee would then be able to perform enough supervised procedures to feel comfortable performing the procedure unsupervised, but finding enough PAC cases for the practicum was challenging. Some facility practicum sites did not have enough PAC cases for each trainee to practice until they were competent in their MVA skills. In other facilities, trainees had to compete with medical residents who also needed to practice their skills. And in some areas PAC clients come to the facilities in the middle of the night, when the trainees aren't available.

Ethiopia was able to provide each of its trainees with an adequate number of PAC cases during the practicum by holding its practical training at Gandhi Memorial Hospital and collaborating with Gandhi obstetrician/gynecologists who taught the PAC portion of the training and supervised the practicum. Because the physicians were directly involved in the training, they helped ensure that the participants were able to see enough cases to practice their skills—each Pathfinder/Ethiopia participant observed five to six cases and performed another five to six PAC procedures under the physician's observation. When providers returned to their facilities they continued to perform the procedure under supervision until they were deemed competent to perform the procedure on their own.

### **Integrating HIV and STI Counseling and Testing**

Pathfinder/Ethiopia encouraged strong integration of HIV and STI counseling and testing into the YFPAC program. Their training emphasized the relationship between unwanted pregnancy and exposure to HIV and other STIs. The providers trained by the project have internalized the message and the majority of YFPAC clients receive provider-initiated counseling and testing for HIV—in some clinics 100% of YFPAC clients are counseled and tested. Several who tested positive were linked with antiretroviral therapy and other HIV services.

Other countries provided practical skills training through on-the-job training and refresher trainings where possible. Pathfinder/Ghana provided a three-day refresher training for 12 of the original 18 trainees to make up for the lack of sufficient practicum experience. The refresher training consisted of one day of classroom instruction on client assessment, abortion complications, diagnosis and treatment of incomplete abortion, use of MVA, infection prevention, pain management, and treatment of complications, and two days of practicum. After the refresher training the providers were more confident in their skills and are now performing MVA.





Above: “The training met my need, which was to give painless, more compassionate care to my clients.”  
—Medical Superintendent of Tigoni District Hospital, Kenya

photo: Mary K. Burket/Pathfinder International

As a result of the training, overall quality of PAC services has improved for all clients in the facilities supported by the YFPAC programs. But it was the youth-friendly aspect of the training that seemed to have the most impact on providers.

“I was confident with my practical skills at the end of training,” said a trainee from Alamata Health Center in Ethiopia. “The trainers were very capable and I was very satisfied. Above all, I learned how to approach youth clients. I know they are at risk and I need to approach them in a brotherly manner and keep their privacy and confidentiality. I learned how to develop their trust and make them comfortable as much as possible.”

“I didn’t know how to relate to youth before the training,” said one provider in Dessie, Ethiopia. “Before training, if a youth client came in and they were pregnant, I didn’t care. I didn’t feel what they felt. Now I understand what their risks are and I feel for them. I know this program is important because youth are likely to use unsafe methods to abort their pregnancy. We are saving lives.”

A provider in Adigrat, Ethiopia explained how the training affected her attitude toward youth clients, “I have changed. No harsh words come out of my mouth. In the beginning other providers would ask, ‘Why do you treat them like this? If you treat them like this they will come back.’ I tell them, no, they deserve respect.” Many providers expressed that before the training they had believed that if they provided PAC services—especially respectfully and with pain management—that the clients would come to rely on the procedure as a method of birth control. They have now embraced the comprehensive nature of the Pathfinder YFPAC program. A provider in Adigrat said she enjoys the counseling aspect of PAC. “I get a chance to discuss youth’s needs and provide information for FP. I make sure they know that after the procedure they can become pregnant again right away and how important it is to use FP.”

In some areas it is common for girls to travel to health centers far from their home, bypassing closer options, to ensure anonymity. A provider in Tigoni, Kenya said that she used to chastise these girls and tell them they shouldn’t come to her facility, “But when one girl recently came from Nairobi (about a 40 minute drive from Tigoni) I remember talking to her and telling her it was good that she came. She opened up the more I talked to her. I told her that it was important to seek help where she could get it and that she was always welcome back at Tigoni. I reflected after and realized that I have changed.”

Though the Pathfinder YFPAC training curriculum includes the use of paracervical block for pain management, not all of the facilities have adopted its use for various reasons. Administering the paracervical block takes precision to avoid causing fainting or other complications, especially when the cervix is bloody and injured by an unsafe abortion. This makes some providers hesitant to use this pain management technique so they rely on declofenol or other systemic analgesics, or sometimes nothing at all. Also, in some cases prior to being trained, providers expressed the belief that pain during the procedure might help deter an adolescent from seeking another abortion in the future.

Tigoni District Hospital in Kenya has adopted the use of paracervical block for many of its clients. The hospital's medical superintendant attended the Pathfinder YFPAC training specifically to learn how to manage her clients' pain during the procedure. Though she is the medical superintendant of the hospital, she had performed very few MVA procedures before the Pathfinder training and was traumatized by the amount of pain her clients experienced. "I was so happy to learn how to do a paracervical block," she said. "I feel I was empowered and am doing my best to empower others." She is training others in her facility in YFPAC, including the use of paracervical block.

## Expanding YFPAC Programming

In February 2008, Marie Stopes Uganda requested training materials and guidance from Pathfinder/Uganda to help them initiate a YFPAC program in the West Nile region of Uganda. Pathfinder/Uganda shared the YFPAC guidelines and Marie Stopes Uganda has begun training their service providers and peer groups on YFPAC.

### *Orientation Meetings*

Orientation meetings were held for facility, NGO, and MOH staff to introduce the program and help build support among stakeholders. In some cases the trainees participated and conducted continuing medical education meetings for their colleagues and helped introduce facility staff to the concept of YFPAC. Including all the facility staff—from the guards to the administrators to the physicians—in these meetings helps ensure that the program has support at all levels and, most importantly, that youth are treated with respect throughout the facility.

Through such orientation meetings, Pathfinder/Tanzania gained the support of the MOH staff and as a result, YFPAC funding will be included in the facilities' budgets and district plans and the funding will be extended to three additional facilities—Ilala and Mwananyamala Hospitals and Magomeni Health Centre. Pathfinder/Mozambique found that the full involvement of the facility's leadership staff is essential to improving YFPAC services and has facilitated the cooperation of the nurses. This involvement can likely be attributed to the fact that the staff recognized the need for improved PAC services.

### *Facility Renovations and Provision of Equipment*

One of the greatest challenges in implementing YFPAC programs in developing countries is the lack of infrastructure and supplies. The facility improvements made during the YFPAC project included partitions for privacy, provision of procedure beds, air conditioning units, infection prevention supplies such as buckets and sterilization ovens, as well as MVA kits and other necessary instruments and supplies such as tenaculum, speculums, and examination lamps.

For example, at the Dessie YFS clinic in Ethiopia, the health center provided a separate room for YFPAC, but it did not have a bed, any of the necessary medical instruments, or running water. The Pathfinder project was able to supply these items, transforming the clinic and enabling it to serve 36 youth clients since the YFPAC provider training.

The facility assessments in Ghana found that none of the three YFPAC facilities had a separate room for PAC services and in many cases PAC clients were treated in the labor ward. Through the Pathfinder YFPAC project, each facility provided separate rooms for counseling and treating patients with incomplete and/or complications of unsafe abortions, thus improving overall privacy for clients. In turn, Pathfinder supplied the facilities with the medical supplies needed to provide comprehensive YFPAC.

## Assessing Quality of YFPAC Services

To assess the quality of the YFPAC services at the supported sites, Pathfinder/Ghana tested the feasibility of interviewing YFPAC clients who provided their cell phone numbers at the time of service. Of the eight clients interviewed, almost all clients would recommend the services to others and found the provider's attitudes positive. Reviews were mixed on the adequacy of pain management.

Providing proper space for YFPAC that includes a private waiting area, counseling space, and procedure space continues to be a problem in many of the facilities. In some facilities the only way to provide these spaces would be to build a new structure or undertake major renovations, both of which were financially impossible under the YFPAC program in some sites. But some countries, such as Nigeria and Kenya, have leveraged funds from other Pathfinder-managed projects to secure necessary equipment and space. Pathfinder/Nigeria was able to renovate its YFPAC facilities

and provide necessary equipment through a project funded by The David and Lucile Packard Foundation. By implementing the YFPAC program in facilities supported by the USAID-funded AIDS, Population, and Health Integrated Assistance Nairobi/Central (APHIA II N/C) program, Pathfinder/Kenya will be able to use APHIA II N/C funds to renovate existing structures in each of its three YFPAC sites to provide comfortable, private areas for YFPAC and other YFS.

### *Supportive Supervision*

Supervision for the YFPAC program was provided by higher-level facility staff and implementing partner organizations where available. Pathfinder staff provided technical assistance to guide the supportive supervision process. During monthly visits, the supervision team helped staff address problems such as shortages of supplies and broken equipment. They reviewed facilities' procedures and record keeping and made suggestions for improvement where necessary. Some countries made additional monitoring visits, such as Pathfinder/Nigeria where a task team of five professionals from Pathfinder/Nigeria, WRHC, and Ahmadu Bello University Teaching Hospital conducted regular visits to the clinics to provide assistance and supportive supervision.

In Kenya, four of the Pathfinder staff responsible for monitoring the YFPAC sites participated in the training so that they would be better able to provide support to the YFPAC services.

In Ethiopia and Kenya, providers, their supervisors, Pathfinder staff, government health officials, and peer educators met quarterly to discuss the challenges and successes of the project; in Nigeria these meetings were held monthly. The meetings created an opportunity for the group to brainstorm ways to solve problems, such as increasing the visibility of YFPAC services. For instance, during a quarterly review meeting at the Alamata Health Center in Ethiopia, it was suggested that the government's new community health nurses, who go house-to-house to perform check-ups and provide health information, could champion the cause. The woreda (district) health officials present at the meeting agreed and as of July, the community nurses began promoting the Alamata Health Center's YFPAC services.



Left: This group of community health workers in Kenya attended a sensitization session on YFPAC. Through their status in the community and their role as community health workers, they are helping to spread information about the dangers of unsafe abortion and the availability of YFPAC services.

photo: Mary K. Burket/Pathfinder International

### Community-Level Implementation

The community-level interventions included sensitization meetings and peer educator trainings. As a result of these efforts, the number of adolescent PAC clients seen at the project facilities increased—710 clients were seen in the first quarter, 1,144 were seen in the fourth. And a positive shift has been seen in communities' attitudes toward youth in need of PAC services.

#### *Community Sensitization Meetings*

Kenya, Nigeria, Uganda, Tanzania, Ghana, and Mozambique held sensitization meetings for traditional and religious leaders, lawyers, administrative officers, and police officers (these groups are especially important when clarifying the country's legal provisions for abortion and PAC) and other community leaders, including parents of youth and adolescents. Kenya and Tanzania reached 126 religious, traditional, and community leaders. YFPAC providers have also held outreach meetings in the areas surrounding their facilities to publicize the YFPAC services and raise awareness about the dangers of unsafe abortion.

The sensitization meetings clarified what PAC is and emphasized that PAC is not abortion, nor does the YFPAC program encourage youth to seek abortions, which was a concern of many of the community leaders. The gatherings offered a chance for Pathfinder staff to explain the dangers of unsafe abortion and how PAC saves lives.

These meetings were essential to the success of the projects, especially in conservative areas such as Kaduna State, in northern Nigeria where Pathfinder/Nigeria implemented the YFPAC program. Kaduna State is an area where social norms are guided by strict religious beliefs. The population is roughly equally divided between Christians and Muslims; both groups are opposed



to abortion and premarital sex. Introducing the YFPAC program therefore required patience, flexibility, and cultural sensitivity on the part of Pathfinder/Nigeria and our implementing partner, WRHC.

WRHC led a series of meetings with more than 80 Christian and Muslim leaders to introduce the project gradually, focusing first on the use of contraception to space pregnancies among married couples, which opened the door for discussion of the use of contraception outside of marriage, and finally to the discussion of unwanted pregnancy and the resulting need for YFPAC. By introducing the subject gradually, WRHC earned the leaders' trust and helped them see the broad picture of why YFPAC services are necessary. As a result, many religious leaders have incorporated messages about the dangers of unplanned pregnancy and unsafe abortion into their sermons.

Pathfinder/Nigeria and WRHC reached local Parent Teacher Associations with a similar tactic. WRHC presented the need for YFPAC by first discussing parents' role in promoting responsible behavior and the need for open communication between parents and their adolescent children about the consequences of unsafe sex and the dangers of unsafe abortion.



### *Peer Educator Training*

In Angola, Kenya, Mozambique, Nigeria, and Tanzania 311 peer educators were trained to provide information on ASRH, preventing pregnancy, the danger of unsafe abortion, and recognizing abortion complications. They also refer for YFPAC services and provide non-prescriptive contraceptives. Pathfinder/Angola also trained 16 teachers to provide information and referrals. Other countries had a ready cadre of peer educators that were simply oriented to the YFPAC program so that they could include this new information in their educational activities. Together they have made almost 17,487<sup>26</sup> contacts with youth and other community members. In Kenya, the peer educators associated with Tigoni District Hospital reached nearly 4,800 additional community members between June and August 2008.

The peer educator trainings lasted between two and five days and covered ASRH, prevention of unwanted pregnancy through the use of contraception, the dangers of unsafe abortion, the warning signs of incomplete abortion, and how to refer youth for YFPAC services. In Kenya, an adaptation of Pathfinder/

Bolivia's community PAC model was used to orient the youth to the YFPAC program. By reviewing and discussing theoretical examples of YFPAC clients' life circumstances, the peer educators saw how unplanned pregnancy and unsafe abortion occurs. They also discussed examples from their own lives of women who had become ill or died as a result of unsafe abortion. These real-life examples made the youth see how real the danger of unsafe abortion is.

The training discussed the three delays in receiving PAC (recognizing the problem, deciding to seek care, and reaching the facility) and how the peer educators could help their clients at each stage. This discussion was informed by a homework assignment that asked the trainees to map their communities' health care resources and identify where PAC services could be obtained.

Above: Supported by APHIA II N/C, the Kenyan YFPAC peer educators are continuing to reach out to their communities after the YFPAC project ending.

photo: Mary K. Burket/Pathfinder International

<sup>26</sup> Data from Kenya not included in this figure.



Sexuality, contraception, and abortion are difficult topics for Kenyan youth to address. Being trained on the community PAC model helped participants see why ASRH education is important for them and their peers.

The peer educator's informational and educational activities range from short dramas to holding discussions at culturally sanctioned events such as traditional coffee ceremonies in Ethiopia. They speak at schools, youth centers, churches, mosques, and community gatherings. They also provide referrals—in some cases written, in others oral—for YFPAC services.

### *Referral System*

After being trained, peer educators are able to identify signs of incomplete abortion and refer youth for YFPAC services. The referral system works best where there is an established relationship between the peer educators and facility staff. Because PAC is such a sensitive subject, youth feel more comfortable sending their peers to adult providers they know and trust.

Some of the peer educator programs have even developed a written referral system in which they send their peers to the clinic with a note that says they have “a problem” and need immediate attention. This lets the facility staff know that the client should be seen immediately, but does not break the client's confidentiality.

Most countries have reported higher percentages of YFPAC clients receiving FP counseling compared to the baseline.

Statistics show an average postabortion contraceptive acceptance of 69%, with the highest acceptance being 83% and the lowest being 44%.<sup>27</sup> A study being conducted in Mozambique holds great promise for informing Pathfinder globally on the best ways to increase postabortion contraceptive use. The study will compare rates of contraceptive use between a control group (adolescent women who received PAC services before the Pathfinder YFPAC program began) and a study group (adolescent women who received PAC services by providers trained by Pathfinder in YFPAC). Data will be collected immediately after receiving PAC services, and at one month, six months, and one year after the procedure to analyze continuation rates.

### *Overall Results of the Community Intervention*

Providers and youth admit that the subject of YFPAC has been hard to tackle in the communities. Many people accuse them of “promoting abortion” and say what they are doing is a sin, but the providers and peer educators have found that focusing their discussions on the danger of unsafe abortion helps the community see why YFPAC services are necessary. For example, a provider in Alamata, Ethiopia said he tells the community, “Why would you leave a girl to die? So many girls

## Peer Education Saves Lives

Marcia is a 13 year-old peer educator in Cacuaco, trained in YFPAC. One day a friend called to inform Marcia that a 12 year-old girl named Francisca\* had undergone an abortion two days prior and asked Marcia to visit Francisca to talk about the dangers of unsafe abortion and how to avoid pregnancy. Marcia visited Francisca and found the girl was not feeling well. Marcia immediately went to the nurse's house to inform her and the nurse went to see Francisca. Francisca's parents thought she had malaria, but after talking to her, the nurse learned that Francisca had taken four misoprostol tablets to induce an abortion. The nurse told Francisca's parents to take her to the health center. In the hospital Francisca was examined by the doctor and was diagnosed with an incomplete abortion and anemia. She underwent the MVA procedure and the nurse counseled her and her parents about unsafe abortion, PAC, and FP. Marcia now feels her role as a peer educator is important and she and Francisca have become good friends. Francisca wants to become a peer educator to help other girls. Her parents have agreed that she can become a peer educator, since her life was saved by one.

\*Not her real name

<sup>27</sup> These percentages do not include data from Mozambique. Not all facilities in the other seven countries collected this data.

have died from unsafe abortions. The YFPAC program is important to save these girls.” He says that by focusing his discussions on saving the girls’ lives, he has been able to convince the community of the need for YFPAC services and greatly reduce stigma surrounding PAC and abortion.

The advocacy has been challenging, but progress is being made and the health workers feel their efforts are worthwhile. “Like anything that is new, it has challenges. Like HIV/AIDS—people at first wouldn’t associate with community health workers because they were associated with HIV. As we go on people will get used to the idea (YFPAC). We’re used to being talked about,” said a community health worker sensitized about the project in Gatundu, Kenya. “Before I was a peer educator, I didn’t know about this service,” said a young woman in Alamata, Ethiopia. “Many of my friends suffered from unplanned pregnancies and suffered unsafe abortions, so I am very glad that this service is available.”

## Challenges, Lessons Learned, and Recommendations

Though the project was implemented over only one year, by addressing challenges that arose throughout the project, Pathfinder gained a wealth of knowledge about implementing a YFPAC program. A selection of these challenges, what we learned from them, and recommendations for implementation of future YFPAC programs follows.

### Facility Assessment

Comprehensive evaluation of services is a necessary precursor to implementation of a program like YFPAC, in which a service is being integrated within a more comprehensive service (like YFPAC into YFS). To ensure that the intervention is based on real needs and problems, all components of the service must be evaluated; from the clients’ needs, to the actual services, to the nurses’ and community needs. Initial understanding of the problem may be different from the actual obstacles faced by the client.

### Training

Although the original goal of the project was to make existing PAC services youth friendly, the reality was that in many sites PAC services were not functional at the start of the project, or were of extremely poor quality, requiring greater effort to bring PAC services up to a minimal level of quality before introducing the youth-friendly component. This highlights the inadequate funding for PAC, the low priority and attention paid to the issue of unsafe abortion in sub-Saharan Africa, and the importance of increasing the availability and quality of PAC services.

When doing future trainings, Pathfinder/Kenya plans to first train providers on PAC for all women, let them return to their facilities for three months to practice their skills, and then bring them back for training on the youth-friendly component of the services. Though trainees said that learning about ASRH in advance of the MVA training opened their minds to why youth may need the service, splitting the training in this way will help providers gain a solid foundation in PAC and improve access to quality, comprehensive services for all women before introducing the complexities of YFS. It is also easier for providers to be away from their facilities for two short periods of time rather than the extended training that YFPAC requires.

A successful practicum is essential to YFPAC training. When planning the practicum, program implementers should work with the doctors at the hospital to ensure there will be enough cases for the trainees to practice their skills. In Kenya, though there were plenty of PAC cases in the hospital, they were given to interns and residents rather than the YFPAC trainees. This might be overcome by working out a compromise with the attending physicians ahead of time or training at a facility that is not used for training medical students. Most doctors are happy to have lower-level providers trained because it means fewer complicated cases come their way and therefore fewer deaths on their records.

When assessing facilities for practicum, trainers must look at *when* clients come for services, not just the total number of cases. In Kenya, many women come at night or on weekends for PAC services because they think that will best ensure their privacy. But the PAC trainees were only available during workweek daytime hours and therefore missed many cases.

Therefore, in future trainings, training coordinators will either rearrange the training schedule so that trainees are available at night, or find a facility where clients come during the day.

YFPAC programs should be careful to select trainees that will be able to offer the full spectrum of YFPAC services. In some cases, nurses were sent to the training who worked in a different area of the hospital and wouldn't be available to provide YFPAC services when they returned to work. In other cases, it seems that the division of labor within facilities creates the perception that only staff who work in the FP room/ward can provide FP, though it is known that youth rarely go to the FP room after the PAC service for contraceptive methods. Therefore, YFPAC programs should advocate with facility leadership from the onset of the project to provide FP in the PAC room before discharge and ensure that YFPAC providers are also allowed to provide FP counseling and methods. It is also important to train enough providers in each facility so that YFPAC can be provided around the clock and to mitigate the problem of trained staff transfers.

The Pathfinder training emphasized proper infection prevention procedures, but in larger facilities, providers are usually not the ones processing the equipment; clean up and instrument processing is generally done by non-medical staff. Providers said they tried to pass on what they had learned in training to support staff, but it would be beneficial to train support staff directly. Not processing the MVA kits correctly makes them break down faster, making the procedure more difficult for both client and provider, and causes equipment stock-outs and interruption of services.

Many providers who were trained to do paracervical block aren't using it because if not done correctly it can cause fainting, they don't appreciate the need, or they see the pain as a deterrent for abortion in the future. Providers need more training and more practice providing paracervical block and the trainings should specifically address providers' attitudes that pain management isn't necessary or desirable.



Above: "I knew nothing about PAC before the training," said this nurse at Dessie Health Center. Dessie is one of the facilities where PAC services were integrated into existing YFS.

photo: Mary K. Burket/Pathfinder International

Right: A YFPAC provider in Dessie, Alamata plays checkers with the youth. A strong bond between the providers and peer educators at this facility has helped their program grow tremendously over the past year.

photo: Mary K. Burke/Pathfinder International



Refresher trainings provided an important opportunity not just for skill building, but for motivation, experience sharing, and networking. Because these providers are performing a service that is at times controversial, it helps for them to share their experiences with others who are facing the same challenges.

### Peer Educators

The peer educators had varying degrees of commitment to the project. One way to encourage their commitment is to facilitate a solid link between peer educators and the health facilities they refer to. This link can be initiated through a formal introduction of the peer educators and facility staff, and where possible a provider could attend part of each of the peer educators' meetings. A strong relationship between the youth and facility staff motivates the peer educators and creates the trust they need to be confident referring other youth to the facility.

In Angola, youth corners in the schools served as an entry point for reaching youth with SRH services including YFPAC. Just as the commitment of health providers strengthens peer educator commitment, supportive nurses in the youth corners or in-school BCC activities served as a bridge to improve and increase youth confidence and relationships with health services and providers. Partnerships between community elders or leaders and youth (e.g., peer educators or youth groups) were instrumental in Angola in creating a supportive environment in which the peers can operate and achieve project goals.

During training, it is important to show the peer educators an MVA kit and demonstrate how it is used on a pelvic model. The idea of MVA can be frightening and hard to understand, but once young people see how it is done they realize it is a simple procedure and are put at ease. Peer educators who hadn't seen the MVA kit or a demonstration felt they weren't properly prepared to counsel youth in need of the procedure. Peer educators also requested training on communication

and presentation skills. Many felt that though they understood the subject material, they needed additional training on how to convey their message effectively.

Selection criteria for peer educators should take gender balance into account. Because PAC is a sensitive issue, trainers may need to encourage girls to speak during trainings and trainers must be firm with the boys who sometimes make disparaging remarks about girls who have become pregnant out of wedlock or have aborted. Having more young women than men in the trainings helps even the playing field. However, it is important to include young men, as they can work with their male peers to promote males' responsibility for preventing unwanted pregnancy.

## Advocacy

Because unsafe abortion and adolescent sexuality are extremely sensitive issues, advocacy is critical to the success of the YFPAC project at all levels (from community to the MOH). In particular, the differences between PAC and safe abortion services are often misunderstood. In some countries, due to sensitivity around abortion, the term PAC is strategically used to encompass both treatment for abortion complications and abortion services, which contributes to the confusion between the two. It is necessary to sensitize medical directors and others in charge of facility policies about the need for PAC and unrestricted legality of its provision in all countries, as these people can block services from being performed. PAC services often lack adequate supervision and attention. In Kenya, staff noted that the problems with quality and availability of PAC services went unnoticed by most medical personnel for too long and advocacy is necessary to make quality PAC services more widely available. Furthermore, PAC advocacy should clearly explain to medical directors and the community that MVA can be performed just as well by a nurse. Some doctors and clients are reluctant to let a nurse perform what they think is a complicated procedure; this problem can be overcome by clarification of the national guidelines and dissemination of lessons learned and successful results from quality PAC programs that use mid-level professionals. In Adigrat Hospital, for example, the Medical Director refused to let the nurses trained by Pathfinder perform PAC. He was opposed to the procedure on religious grounds and felt that if it was done it should be done by a physician. But after many discussions with Pathfinder/Ethiopia and local government health authorities, the doctor came to understand the legality of and the need for PAC services and is now one of the program's biggest supporters. Similarly, the medical directors of the clinics Pathfinder/Nigeria worked with initially refused to let the nurses perform the MVA procedure and only after several persuasive discussions were some of the nurses allowed to perform the procedure after practicing many times under the supervision of physicians.

## Community-Provider Partnership Makes a Difference in a Nigerian Girl's Life

In conflict with her parents, 13 year-old Mariam had recently moved from her home in Kano State to live with her aunt in Kaduna State. One afternoon she was discovered lying on the floor in her room bleeding profusely, having undergone an unsafe abortion. Fortunately, a peer educator trained by WHRC was brought in and got her to the nearby YFPAC facility, just in time to save her life. After Mariam was released, however, her aunt and uncle were deeply ashamed of her behavior and, fearing loss of status in their community, wanted to send her back home to Kano. Fortunately, the peer educator learned of the impending situation and asked WHRC staff to intervene. The staff were able to spend some time with the aunt, convincing her that she and her family could make an important difference in Mariam's life and helped her understand how to communicate with the girl and deal with the gossip and prejudice of her community. Today, Mariam is back in school, successfully putting her life together and is even being considered for training as a peer educator. Without the linkages between the peer educator, the service providers, and the WHRC staff, Miriam's fate might have turned out very differently.





### Improving Access by Gaining Communities' Trust

Dr. Hassan and his staff at the WRHC, located in Nigeria's Kaduna State, have established a relationship of trust and confidence with the communities they serve. Despite the difficulties of introducing such sensitive topics into a traditional community, Dr. Hassan has been able to open doors to discuss issues such as abortion and FP by addressing these issues in a way that is appropriate to the religious and cultural backgrounds of the particular communities where he is working. Dr. Hassan recognizes that unsafe abortions are a leading cause of death among adolescent females in Nigeria. While recognizing that it is important to prevent these unwanted pregnancies in the first place, Dr. Hassan has taken steps, such as his weekly television discussion, to make people understand the different types of abortion (both spontaneous or induced) and risks involved in unsafe abortions. He emphasizes the importance of communicating with youth about the risks of unwanted pregnancies and the availability of PAC.

Above: These religious leaders were sensitized by the YFPAC project and will support youth's access to health care in their communities.

photo: Amy Coughlin/Pathfinder International

Before initiating YFPAC services, it is important to conduct community sensitization activities to create a supportive environment for the services and to dispel confusion between PAC and abortion services. Buy-in from local stakeholders (religious, traditional, and local government leaders) was invaluable to the community component of the program in Kenya and Nigeria. Without the support of these opinion leaders, traditional communities would be unwilling to allow their youth to participate as peer educators or receive information about YFPAC services.

In many countries, women are hesitant to seek PAC because they fear the negative attitude of the providers. In Kenya, adolescent women often prefer private clinics, despite their higher cost, over public facilities because they fear government health workers will report them to the police. This was not an unjustified fear; many providers in Kenya said they had reported women seeking PAC to the police in the past, though after the Pathfinder YFPAC training they say this no longer happens at their facilities. Community-level advocacy should assure women that there are no legal repercussions for seeking PAC and if possible should introduce PAC providers to the community during community gatherings.

YFPAC advocacy should also target the health center administration, pharmacies, and logistics officers to ensure an adequate supply of materials for YFPAC, including the equipment necessary to provide paracervical block.

### Facilities

Locating contraceptive supplies and counseling materials where PAC is offered is essential to ensure that YFPAC clients accept a method of contraception before they leave the facility. Youth rarely seek contraception in the FP room/clinic for fear of seeing an adult they know and because of the provider's judgmental attitudes. They also want to leave as soon as possible after the procedure and often don't want to wait again in another place. The space provided for the YFPAC counseling and procedure must therefore be comfortable enough to provide contraceptive counseling as well.

Providing a proper space for YFPAC services, as well as ensuring an adequate supply of materials and commodities, is an ongoing problem in many facilities. Advocacy efforts should focus on including MVA on the essential equipment list. USAID funds cannot be used to purchase such items, but facilities may be able to access equipment from the PAC Consortium MVA Drawdown Account, funded by The David and Lucile Packard Foundation. By charging a small fee for PAC

services, Pathfinder/Nigeria was able to implement a cost recovery scheme to help replace MVA equipment and other commodities needed for YFPAC. Other facilities may be able to improve their PAC space by leveraging HIV funds allocated to improving overall maternal health services.

## Conclusion

One of the key findings to emerge from the YFPAC Program is the need to improve the overall quality of PAC services before focusing on the youth-friendly aspect. Despite various efforts by international organizations and governments to establish PAC programs over the years, many familiar challenges still remain such as MVA equipment supply issues, hesitancy by physicians and supervisors to allow midlevel providers to perform MVA, and inadequate attention to postabortion contraception and counseling. That said, the program has also shown that PAC can be a natural entry point for linking adolescents, who often have not previously visited a health facility, with other needed SRH services. By providing respectful, compassionate PAC services, providers open the door to youth accessing other SRH services, setting them up for a lifetime of healthy behaviors. As was shown in Ethiopia, YFPAC not only serves as a bridge to contraceptive services, but also STI/HIV services including voluntary counseling and testing and treatment for those who test positive.

One of the most promising results of the YFPC Program was the involvement of young people and communities in addressing the problem of unsafe abortion. Myriad examples of community-provider partnerships—from outreach to parents during PTA meetings, sensitization and involvement of religious and community leaders, linkages between peer educators and facilities, and the use of youth corners in schools to provide information and service referrals—abound. These partnerships build an atmosphere of trust in the facilities and providers, creating an environment that not only enables young women to seek the life-saving treatment they need, but empowers them to avoid the danger completely by preventing unplanned pregnancies.

Although this nascent initiative was time-limited and of small scale, it generated tools, promising approaches, and lessons learned that can be replicated by Pathfinder within the existing eight countries and elsewhere, as well as by other organizations engaged in PAC. Already Pathfinder's offices in Kenya, Ethiopia, and Mozambique are able to apply the insight gained from this pilot within existing larger programs. It is Pathfinder's hope that others will find these preliminary results useful as they move ahead in their efforts to implement YFPAC programs and add to the body of YFPAC knowledge.

## Leveraging USAID Funds for YFPAC Activities

In supervision and follow-up visits to the YFPAC clinics in Kenya, one of the problems the trainees brought forward was the lack of job aids for YFPAC. They wanted wall posters, pamphlets, or flip charts to remind them about the steps involved in the MVA procedure, proper counseling techniques, pain management, and infection prevention. To meet these needs, Pathfinder/Kenya was able to secure funds from Pathfinder's global USAID-funded Extending Service Delivery (ESD) project. Pathfinder is developing the job aids in collaboration with the MOH. They will be distributed to hospitals and health centers throughout Kenya.

The ESD project is also supporting Pathfinder's YFPAC activities in Tanzania by providing the funding for Pathfinder staff to attend meetings of private sector organizations such as the Private Nurse Midwives Association of Tanzania and the Medical Women's Association of Tanzania to present Pathfinder's experiences in YFPAC and the need for YFPAC.

Right: “When counseling a client on YFPAC, I make sure they know about the importance of using FP in the future to prevent unwanted pregnancies.”  
—Peer educator, Dessie, Ethiopia

photo: Mary K. Burket/Pathfinder International



## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Disorder
APHIA II N/C	AIDS, Population, and Health Integrated Assistance Nairobi/Central Program
ASRH	Adolescent Sexual and Reproductive Health
AYA	African Youth Alliance
BCC	Behavior Change Communication
FP	Family Planning
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
MVA	Manual Vacuum Aspiration
NGO	Nongovernmental Organization
PAC	Postabortion Care
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
YFPAC	Youth-Friendly Postabortion Care
YFS	Youth-Friendly Services



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