

## PAC Connection Meeting Highlights

March 21, 2017

**Attendees:** Carolyn Curtis (USAID), Erin Mielke (USAID), Claudia Conlon (USAID), Alanna White (USAID) Kimberly Cole (USAID), Kim Ocheltree (USAID), Denise Harrison (USAID), Elizabeth Tully (Johns Hopkins CCP, K4Health), Brittany Goetsch (Johns Hopkins CCP, K4Health), Bethany Arnold (Jhpiego), Neeta Bhatnagar (Jhpiego), Nuriye Hodoglugil (Jhpiego), Elaine Charuat (Jhpiego), Stembile Mugore (IntraHealth/E2A), Colin Baynes (EngenderHealth), Ominde J Achola (EngenderHealth), Nicki Ashcroft (PSI), Anna Maria (Pathfinder), Katy Mimno (Pathfinder), Taroub Faramand (WI-HER)

**Mexico City Policy update**– Kim Ocheltree, *USAID*

### *Initial Implementation Steps*

The first paragraph of the January 23, 2017, Presidential Memorandum reinstates the Presidential Memorandum of January 22, 2001. To implement the first paragraph of the 2017 Presidential Memorandum, USAID has created a new standard provision, entitled “Mexico City Policy (March 2017).” This standard provision is consistent with the 2001 Presidential Memorandum and requires foreign non-governmental organizations to agree, as a condition of receiving USAID family planning assistance that they do not perform or actively promote abortion as a method of family planning. The standard provision further requires U.S. organizations to obtain such an agreement from their foreign non-governmental sub-recipients of USAID family planning assistance.

Consistent with implementation of the Mexico City Policy in 2001, this new provision must be included in:

- All new USAID grants and cooperative agreements that provide assistance for family planning, and
- All existing USAID grants and cooperative agreements that provide family planning assistance when such agreements are amended to add incremental funding.

Consistent with implementation of the Mexico City Policy in 2001, this provision does not apply to agreements with foreign governments or public international organizations. <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>

### *Additional Implementation Steps*

The January 23, 2017, Presidential Memorandum requires additional action relating to the Mexico City Policy, which will be addressed in subsequent guidance. Specifically, the second paragraph of the Presidential Memorandum directs the Secretary of State, in coordination with the Secretary of Health and Human Services, to the extent allowable by law, to implement a plan to extend the requirements of the reinstated 2001 Memorandum to global health assistance furnished by all departments or agencies. USAID is working with the State Department and other agencies to develop a plan to implement this paragraph and will take any necessary steps required in the future pursuant to the forthcoming interagency guidance. Postabortion care is still explicitly permitted and programming should continue as usual.

If you have further questions, please contact your USAID Agreement Officer's Representative (AOR).

[PAC Journal Supplement](#)– Claudia Conlon, *USAID* & Colin Baynes, *EngenderHealth*

Claudia and Colin proposed a PAC supplement (6-10 papers) to contribute to the evidence and the knowledge management in this field on what has worked and what hasn't worked in PAC programs.

They outlined the steps in order start this process including:

1. Determine the type of supplement (research studies, review & analysis of programmatic design, consensus meeting results)
2. For a Coordinating Committee of external reviewers/advisors
3. Recruit/select organizations and authors and determine paper topics
4. Select journal
5. Develop a concept note/abstracts
6. Feedback from all authors/advisors on concept
7. Submit concept note
8. If approved, disseminate guidance on paper structure, content, and style
9. Write papers
10. Retreat to workshop initial drafts and finalize based on feedback
11. Papers finalized and compiled into supplement submission
12. Supplement reviewed by editors, advisors, and authors
13. Submit to journal

The group discussed gaps in the literature that might be a good place to focus including: LARC implementation, decentralization, community mobilization, pain management, and implementation of misoprostol.

Carolyn Curtis suggested that if the supplement is addressed in a collaborative fashion across projects in budgeting/workplanning, USAID will see it as a coordinated effort and it will be better received.

During the meeting, several organizations/projects volunteered to author including: Jhpiego, E2A, Pathfinder, and K4Health in a coordination role. If you or your organization/project is interested in contributing to the supplement, please contact [Colin Baynes](#).

[Key Findings of PAC-FP Situation Analysis](#) – Colin Baynes, *EngenderHealth*, *PAC-FP Project*

Colin shared the findings from a postabortion care family planning situation analysis done in Tanzania during the period of April – July 2016 in 25 sites across the country. The objectives of the study were to understand the factors that affect accessibility of PAC, factors that affect postabortion FP decision-making, factors that affect perceived quality of PAC services, the quality of PAC service readiness & provision, and the factors that affect PAC provider performance. During his presentation, Colin shared the key determinants of induced abortion and postabortion family planning and the client perceptions of the quality of PAC. He also shared information gained from key informant interviews on the pathways

to unsafe abortion, care seeking and postabortion family planning use, as well as provider perspectives on provision of quality postabortion care and postabortion family planning.

**[LARC Learning Resource Package with Postabortion LARC Module](#)** – Neeta Bhatnagar, *Jhpiego*

Neeta's presentation focused on Jhpiego's addition of a Postabortion LARC module that is being field tested and finalized for their LARC Learning Resource Package. This module moves away from more traditional training methods and uses simulation, practice, and feedback to train health workers. Neeta explained that the trainings are done in smaller, more frequent doses and are more cost effective than other training approaches because the only cost is printing the modules. The training is done within the health facility and the modules are needs-based depending on the facility/country.

For more information on the Postabortion LARC module, contact [Neeta Bhatnagar](#).

**[Postabortion Care in Afghanistan: An Important Service to Improve Women's Health](#)** – Nuriye Hodoglugil, *Jhpiego*

Nuriye began her presentation with a background on the current situation of the maternal mortality rate (1,291 per 100,000 live births) and modern contraceptive use (20%) in Afghanistan. During 2016, an informal survey of PAC services was conducted in 22 facilities and found: that only one facility reported to have a PAC service protocol, D&C was the most popular method of treatment in 15 facilities, there was problematic availability of MVA kits and misoprostol in some facilities, time to discharge varied from 2 – 48 hours, stock-outs on family planning commodities, and postabortion family planning is inconsistently provided.

Nuriye then shared the recently revised and finalized Postabortion Care Clinical Service Guidelines for Afghanistan, which was a collaboration of the Ministry of Public Health, Hemayat (Jhpiego), USAID, and others. The revisions included the inclusion of both misoprostol and vacuum aspiration as WHO-recommended methods, a stronger emphasis on patient rights and respectful care, an emphasis on provider attitudes, and strengthening the postabortion family planning component.