Postabortion Care in Afghanistan: An Important Service to Improve Women's Health

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Background: High MMR

- MMR estimate is 1,291 per 100,000 live births (CI: 1,071-1,512) (Source: Afghanistan Demographic and Health Survey 2015)

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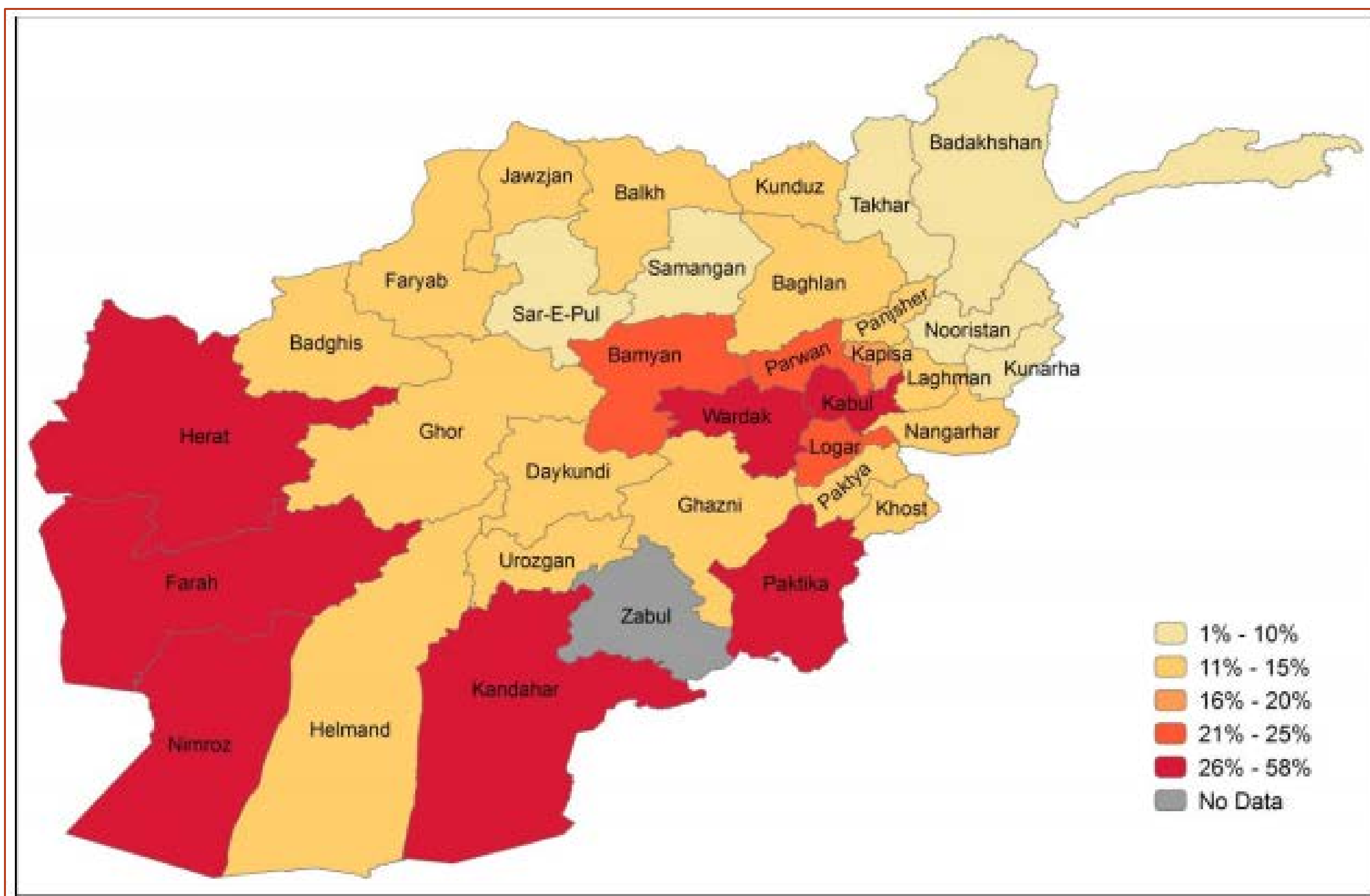
Background: Modern contraceptive use by province (AfDHS, 2105)



Any modern method use: 20% (7% pills; 5% injectables; 3% male condoms; 2% female sterilization; 1% IUD; <1% implants); traditional method use 3%

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Background: Informal survey of PAC services in 22 facilities (2016):

- 17 out of 22 facilities have case load over 50/quarter; with 6 facilities reporting over 300 cases/quarter
- Only one facility reported to have PAC service protocol
- D&C was the most popular method of treatment in 15 of the 22 facilities
- Availability of MVA kits and misoprostol was problematic in some facilities
- Time to discharge varied from 2 hours to 48 hours
- Some facilities reported stock-outs of family planning commodities
- Postabortion family planning is inconsistently provided (counseling is reported almost universally, but patient records do not capture FP uptake)

Afghanistan Postabortion Care Clinical Service Guidelines

Ministry of Public Health

Deputy Minister Office for Health Care Services Provision

Reproductive Health Directorate

Post Abortion Care Clinical Service Guidelines

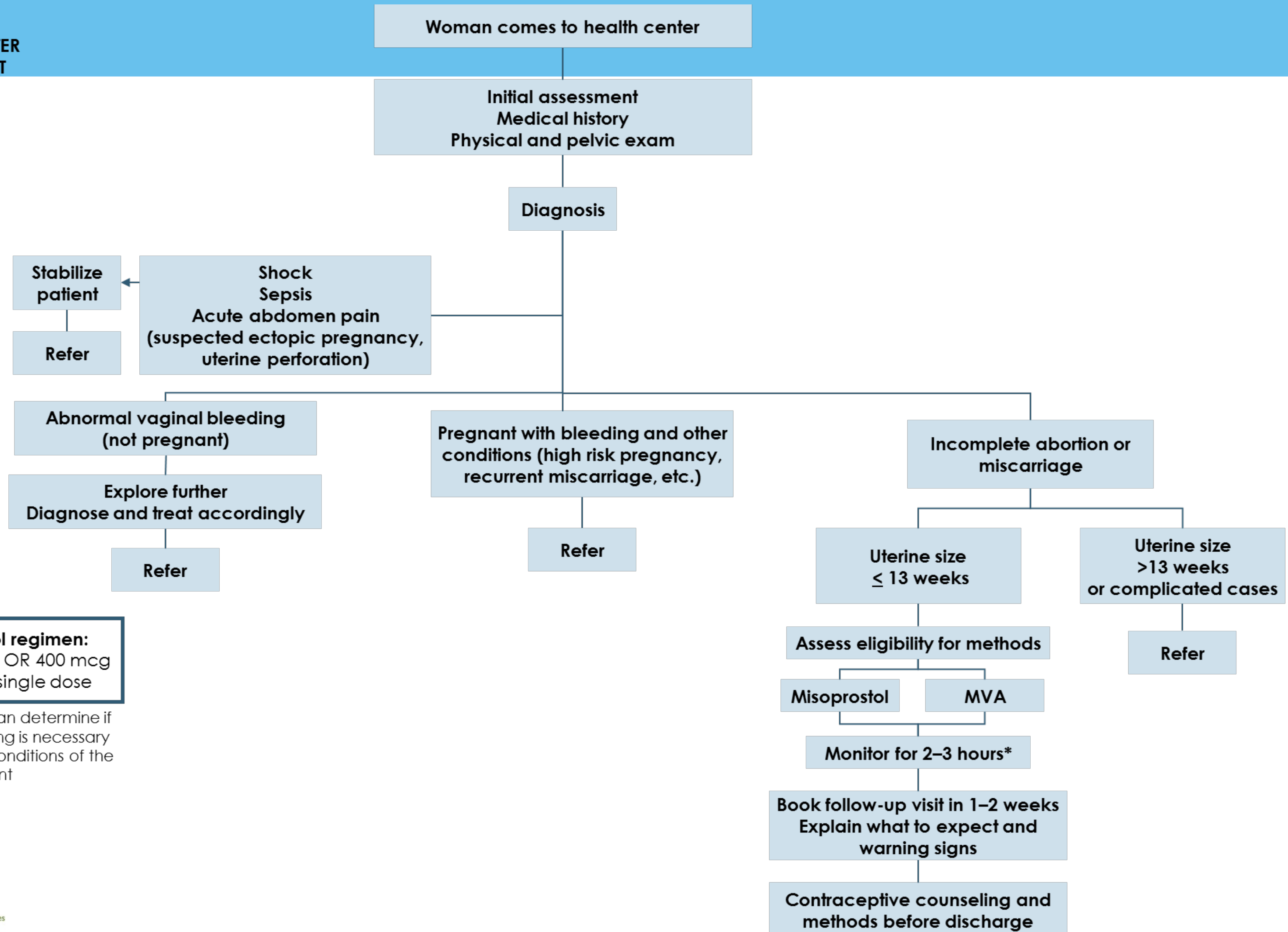
Revised: January 2017

- Revised and finalized in January 2017
- MOPH in collaboration with Hemayat (Jhpiego), USAID, WHO, MSI, AFSOG, AMA and other partners

2017 AFG PAC Guidelines Revisions

- Inclusion of both misoprostol and VA as WHO recommended methods for the treatment of incomplete abortion
- Stronger emphasis on patient rights & respectful care, including rights of adolescents and youth
- Emphasis on provider attitudes and values for providing quality PAC services
- Strengthening postabortion family planning component based on best practices

Integration of misoprostol as a treatment method



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Emphasis on Youth-Friendly PAC Services

Annex 8: Youth-Friendly Post Abortion Care Services

Working with Adolescents and Youth in Afghanistan

Definitions: The United Nations' Convention on the Rights of the Child recognizes that people under 18 years of age often need special care and protection. In Afghanistan, "childhood" is divided into three phases: (1) undiscerning minor from 0 to below 7 years; (2) discerning minor, from age 7 to 12 years; and (3) adolescents or juveniles, from age 12 to below 18 years. The Ministry of Public Health's National Child and Adolescent Health (CAH) Policy (2009–2013) and its associated CAH Strategy cover children and adolescents up to 18 years of age (Islamic Republic of Afghanistan, Ministry of Information and Culture, 2014).

Background: Afghanistan is one of world's youngest and fastest-growing populations with an annual rate of population growth of 2.8%. It is estimated that 63% of Afghanistan's population of around 29.7 million people is under the age of 25, with people between the ages of 15 to 24 years accounting for 40% of the total population (Islamic Republic of Afghanistan, Ministry of Information and Culture, 2014). The vast majority of adolescent births take place within marriage, with an estimated 15% of women married before age 15 and 46% married before age 18. Furthermore, young girls aged 10 to 14 years in forced marriages are vulnerable to violence (Central Statistics Organization and UNICEF, 2012).

With such a young population, provision of youth-friendly health services becomes a key priority. The Afghanistan Youth Policy (AYP) recognizes that young people have specific health

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Tackling Disrespect and Abuse

Table 1. Tackling Disrespect and Abuse: Seven Rights of Childbearing Women

Category of Disrespect and Abuse	Corresponding Right
Physical abuse	Freedom from harm and ill treatment
Non-consented care	Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice, wherever possible
Non-confidential care	Confidentiality and privacy
Non-dignified care (including verbal abuse)	Dignity and respect
Discrimination based on specific attributes	Equality, freedom from discrimination, and equitable care
Abandonment or denial of care	Right to timely health care and to the highest attainable level of health
Detention in facilities	Liberty, autonomy, self-determination, and freedom from coercion

Source: *Respectful Maternity Care: The Universal Rights of Childbearing Women* (White Ribbon Alliance for Safe Motherhood, 2011).

Postabortion Family Planning

Table 9. Guidelines for Contraceptive Use by Clinical Condition

Clinical Condition	Recommendations	Precautions
No complications after treatment of incomplete abortion	• Consider all temporary and long-acting methods, depending on the woman's reproductive intentions. • **Provide counseling and start the methods <u>immediately; on the day of treatment;</u> before woman leaves the facility.** • **Progestin-only implants** (Jadelle®, Implanon NXT™): can be used immediately. • **Injectables** (DMPA, NET-EN): can be used immediately. • **IUD**: can be used immediately after MVA; at a follow-up visit after misoprostol treatment. • **Oral contraceptives** (combined or progestin- only): can be used immediately. • **Condoms**: can be used when sexual activity is resumed. Use for dual protection with another method.	• **Natural family planning**: do not recommend until a regular menstrual pattern returns. • **Tubal ligation or vasectomy:** if couples wish to have no more children, the return visit would be the appropriate time to provide a referral for male or female sterilization.

For further guidance, see the Afghanistan Birth Spacing and Family Planning Guidelines; *Family Planning: A Global Handbook for Providers* (WHO, Johns Hopkins, USAID, 2011); WHO 2015 Medical Eligibility Criteria for Contraceptive Use (MEC) (WHO 2015c); and *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings Counseling Cards,* 3rd ed. (Population Council, 2015).

Next Steps

- Finalization of the Learning Resource Package for PAC, based on Clinical Service Guidelines
- Preparing training sites and conducting Training of Trainers to strengthen PAC service provision
- Comprehensive PAC framework integrated with national family planning program and other MCH services

Thank you!

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