



## Other Tools for Postabortion Care

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### RESOURCE ALLOCATION

**Document Name:** Allocate Model

**Source:** POLICY Project

**Summary:** The *Allocate* model offers a new mechanism whereby planners can examine and manipulate various assumptions and explore alternative uses of resources while developing a comprehensive Reproductive Health Policy. The *Allocate* model is intended to:

- Support priority-setting dialogue by supporting improved reproductive health action plans, with increased efficiency in the use of funding resources; and
- Create a better dialogue between all stakeholders regarding reproductive health priorities.

The *Allocate* model can:

- Assist planners in understanding the effects of funding levels and allocation patterns on program impact; and
- Help planners understand how funding levels and patterns can lead to reductions in maternal mortality, abortion related deaths, and unwanted pregnancies and increases in contraceptive prevalence.

It does not, however, calculate the “optimum” allocation pattern or recommend a specific allocation of resources between interventions.

How to use the *Allocate* model:

- It is intended for use by national programs to explore the effects of different funding levels and patterns on national goals and RH action plan targets.
- Generally implemented by a multi-disciplinary team composed of participants with various areas of expertise representing different aspects of society (government, civil society, private sector, donors). A technical team works together to implement the model for the first time.
- The model is then used in interactive workshops with planners and stakeholders to explore the effects of different program configurations on health outcomes.
- Through this interaction participants gain a better understanding of the dynamics of funding and impact. This prepares them to develop realistic budgets and goals that reflect their priorities.



## COMMUNITY MOBILIZATION

**Document Name:** PAC Community Mobilization

**Source:** ACQUIRE

**Summary:** The community PAC model mobilizes the community to recognize the danger signs of incomplete abortion and provides support to access PAC services. The intervention also helps the community to recognize gaps and shortfalls to accessing PAC services and encourages community members to formulate solutions to address these problems. This is accomplished by going through the following phases:

- Phase I:** Prepare to mobilize
- Phase II:** Organize the community for action
- Phase III:** Explore the health issue and identify priorities
- Phase IV:** Plan together
- Phase V:** Act together
- Phase VI:** Evaluate Together

Some results of this activity include:

- Increased knowledge regarding types of contraceptive methods and use of family planning at the last sexual intercourse (Bolivia).
- Increased knowledge regarding vaginal bleeding as a danger sign of pregnancy and a cause of maternal death (Kenya).
- Community identification of domestic and physical violence against women as reasons for spontaneous abortion (Bolivia, Kenya).
- Increased FP counseling and uptake of FP methods due to the establishment of a Committee for Monitoring and Transparency in Health which helped acquire FP supplies and made them available in the room where emergency treatment was performed (Peru).
- More than 12,600 persons reached by male religious leaders through community awareness sessions (Egypt).

The facilitator's manual has been field tested with 1,300 residents in 82 community groups and 149 facilitators in Bolivia and adapted for use in Kenya, Peru, and Egypt. It is currently being introduced in Senegal.



## MANAGEMENT AND SUPERVISION

**Document Name:** A Process for Improving Quality in Health Services: A Toolkit to Accompany the COPE® Handbook

**Source:** EngenderHealth

**Date:** 2003

**Summary:** A supplement to the *COPE® Handbook: A Process for Improving Quality in Health Services*. Provides updated versions of the self-assessment guides, the client interview guide, and other materials for a range of reproductive health services, including antenatal care, labor and delivery, postpartum and newborn care, postabortion care, family planning, reproductive tract infections (including sexually transmitted infections), HIV and AIDS, gynecological services, men's reproductive health services, sexuality, infertility, and prevention of harmful practices.

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**Document Name:** Practical Guide for Selection of MVA Instruments

**Source:** EngenderHealth

**Date:** 2001

**Summary:** In an effort to help buyers assess the various MVA instruments on the market, EngenderHealth and the Program for Appropriate Technology in Health (PATH) conducted the first-ever comparative evaluation of MVA instruments in 2001, testing the durability, quality, safety, and usability of all instruments available at the time. In addition, for each product evaluated, information was compiled about the product, its distribution, and the manufacturer’s contact information. As no widely known standards existed for evaluating MVA instruments under field conditions, innovative laboratory tests were created for this evaluation.

