



Centre Régional de
Formation, de
Recherche et de
Plaidoyer en Santé
de la Reproduction



USAID
FROM THE AMERICAN PEOPLE

**PROVISION OF CONTRACEPTIVE METHODS
IN THE CONTEXT OF POST ABORTION CARE:
SUCSESSES AND CHALLENGES IN THE
INTRODUCTION AND DEVELOPMENT IN
FRANCOPHONE AFRICA**

**Thierno Dieng
CEFOREP**

**The Postabortion Care Family Planning Project
International Conference on Family Planning
Nusa Dua, Indonesia
January 24-28, 2016**

Introduction

- **Worldwide, about 210 million of women become pregnant each year. Among them:**
 - 135 million live births
 - 80 million have unwanted pregnancies
 - 44 million have abortions, and among these 22 million are at risk
 - 31 million have spontaneous abortions or stillbirths
 - 47,000 women die due to unsafe abortion, representing approximately 13% of maternal deaths

Introduction

- **Postabortion Family Planning is essential to avoid unwanted pregnancy: early return of fertility (\approx 11 days after uterine evacuation)**
- **Since the early 1990s, PAC models are built around two main components:**
 - **Treatment**
 - **Family planning counseling and offering contraceptive method**

PAC in Francophone Africa

- **Introduction PAC in Francophone Africa from 1996-1997: Burkina Faso and Senegal, Guinea**
- **Model with 3 components:**
 - **Emergency care**
 - **FP Counseling + provision of contraceptive methods**
 - **Link with other services**
- **Evolution: model with 5 components (2002):**
Partnership between community and care givers, Treatment, Counseling, Contraceptives and family planning services, link with other services

PAC in Francophone Africa

Why PAC FP does not work as expected in Francophone Africa?

- **Lack of human resources?**
- **Services organisation?**
- **Deficiencies in counseling and provision of contraceptive methods?**
- **Policies?**
- **Sociocultural considerations?**
- **Financial obstacles?**
- **Geographic barriers?**

PAC FP in Francophone Africa

Pilot studies (1997-1998)

- **counseling for more than 90% of PAC patients**
→
- **83% accepted in Burkina Faso**
- **76% accepted in Sénégal**

Situational analysis - 2008

- **Sénégal (56%)**
- **Niger (83%)**
- **Mali (61%)**
- **Burkina Faso (51%)**
- **Guinée (46%)**
- **Togo (39%)**

Current Situation - 2013

- **Sénégal (47,6%)**

Postabortion FP in Francophone Africa

- Experiences in Egypt and Kenya have shown that **the best PAC FP model** was to put contraceptives
 - in the treatment room and/or
 - rest rooms

Introduction of PAC services

Conditions of successful integration of postabortion FP

Creation of local dedicated to PAC, including infrastructure for a comprehensive counseling and provision of contraceptives

Adoption of new standards and protocols

Training of medical personal on FP counseling

To supply PAC units on contraceptives

Grant access costs to PAC and contraceptive methods

All countries did this.

Scaling up → Different approaches

○ Leadership

- Scaling at different rates depending on the country
- Task shifting (midwives, nurses)
- Clear approach and guidelines in some countries

○ Centralized approach

- Strong national leadership
- Difficulties in coordination, procurement and supervision

○ Decentralized approach

- Building local skills
- Transfer administrative competences without resource allocations

Scaling up → Different approaches

- **Institutionalization and standardization**
 - integration of PAC in the minimum package of care (Guinea, Senegal)
 - integration of PAC in the annual plans of health districts (Burkina Faso, Senegal, Guinea)

Scaling-up : Major success

- **Integration of PAC in training programs and curricula of medical personnel**
- **Decentralization of PAC (empowerment of structures)**
- **Institutionalization of staff training**
- **Efforts in reducing management costs of abortion**
- **Introduction of the PAC material in the list of essential goods and medicines**

Scaling-up : Difficulties

- **Weak political commitment**
- **Staff training**
- **Culture of communication with patients not yet established (*Deficiencies in counseling practice*)**
- **Problems in the supply of MVA syringe and /or contraceptives**
 - **Stockouts**
 - **Products not comply with national standards**

Scaling-up : Difficulties

- PAC considered as specific strategy instead of a component of the national safe motherhood program
- Financial barriers to access treatment and FP services
- Pejorative connotation of the term "abortion" and "contraception"

Scaling-up : Challenges

- Avoid missed opportunities to protect women against induced abortions through postabortion FP (*Cynthia Steele Verme 1994, PAC Consortium, CIPD*)
- Different context in francophone Africa, with more spontaneous abortions received in structures than caused → more women wishing to have a child than those who do not want more children
- Reflect on the strategy of counseling in order to offer appropriate contraceptives to these women

New trends: New opportunities? New Challenges?

- **Empowering health facilities for the purchase of PAC materials**
- **Introduction of contraceptives in the essential drug list**
 - **Improved availability of contraceptives, but...**
 - **Contraceptives are no longer free**
 - **Contraceptive products are no longer available in PAC facilities**
- **Use of misoprostol in PAC**
 - **Use of misoprostol in PAC**
 - **How to provide postabortion IUD?**



Conclusion

- **The principal objective of PAC is to prevent repeat abortions by providing patients with counseling and access to FP methods and other RH care options. (*Issues in Postabortion Care: Scaling-up services in Francophone Africa, 2004*).**
- **Obstacles to the strengthening of FP within PAC are of various kinds and also different acuties.**
- **It should turn those obstacles into challenges**
- **Challenge of the Project for strengthening the FP component of PAC in West Africa by USAID and EngenderHealth**

THANKS FOR YOUR ATTENTION!

