USAID PAC Model, Results Framework, and Global and Country Indicators

CORE COMPONENTS OF THE USAID PAC MODEL

The original concept for postabortion care was first articulated by Ipas in 1991 and published by the PAC Consortium in 1994. The original model for PAC included three elements:

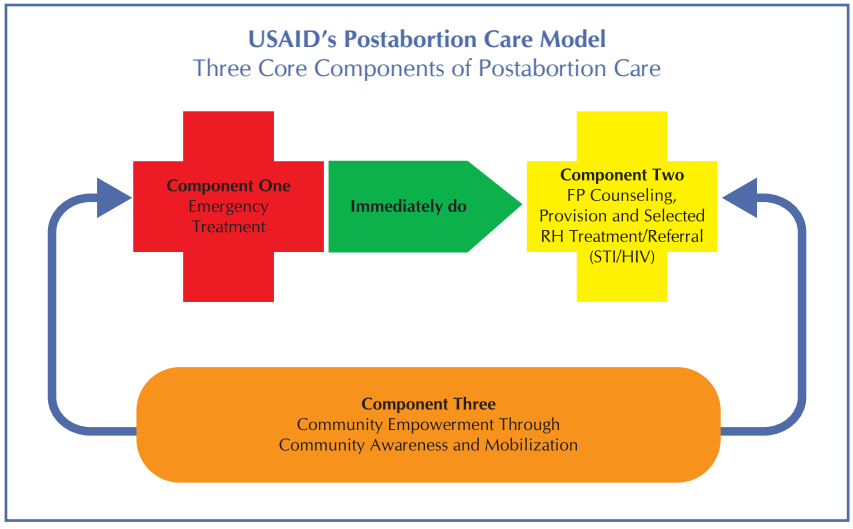
- emergency treatment for complications of spontaneous or induced abortion;
- postabortion family planning counseling and services; and
- linkages between emergency care and other reproductive health services.

In 2002, the PAC Consortium modified and expanded the original PAC model based on experience gained and lessons learned. The model was expanded from three to five elements to include elements on counseling and community involvement.

To reflect the concerns of the PAC Consortium that placed additional emphasis on counseling and community, in 2004, USAID revised its PAC model and preferred to use a three-component model for PAC, as it is easier to market and describe. This model includes the following components:

- emergency treatment for complications of spontaneous or induced abortion;
- family planning counseling and service provision, sexually transmitted infection (STI) evaluation and treatment, and HIV counseling and/or referral for HIV testing; and
- community empowerment through community awareness and mobilization.

This model is not very different in substance from the PAC Consortium's five-element model (the FP and RH elements have been combined into one element in USAID's model and there is no separate element for counseling). Counseling and client–provider interaction are integral to all components of postabortion care. The focus is placed on family planning counseling to facilitate the integration of family planning service delivery into emergency treatment services.



COMPARISON OF THE USAID PAC CORE COMPONENTS, PAC CONSORTIUM'S ESSENTIAL ELEMENTS OF PAC, AND THE USAID GLOBAL AND COUNTRY RESULTS FRAMEWORKS AND INDICATORS

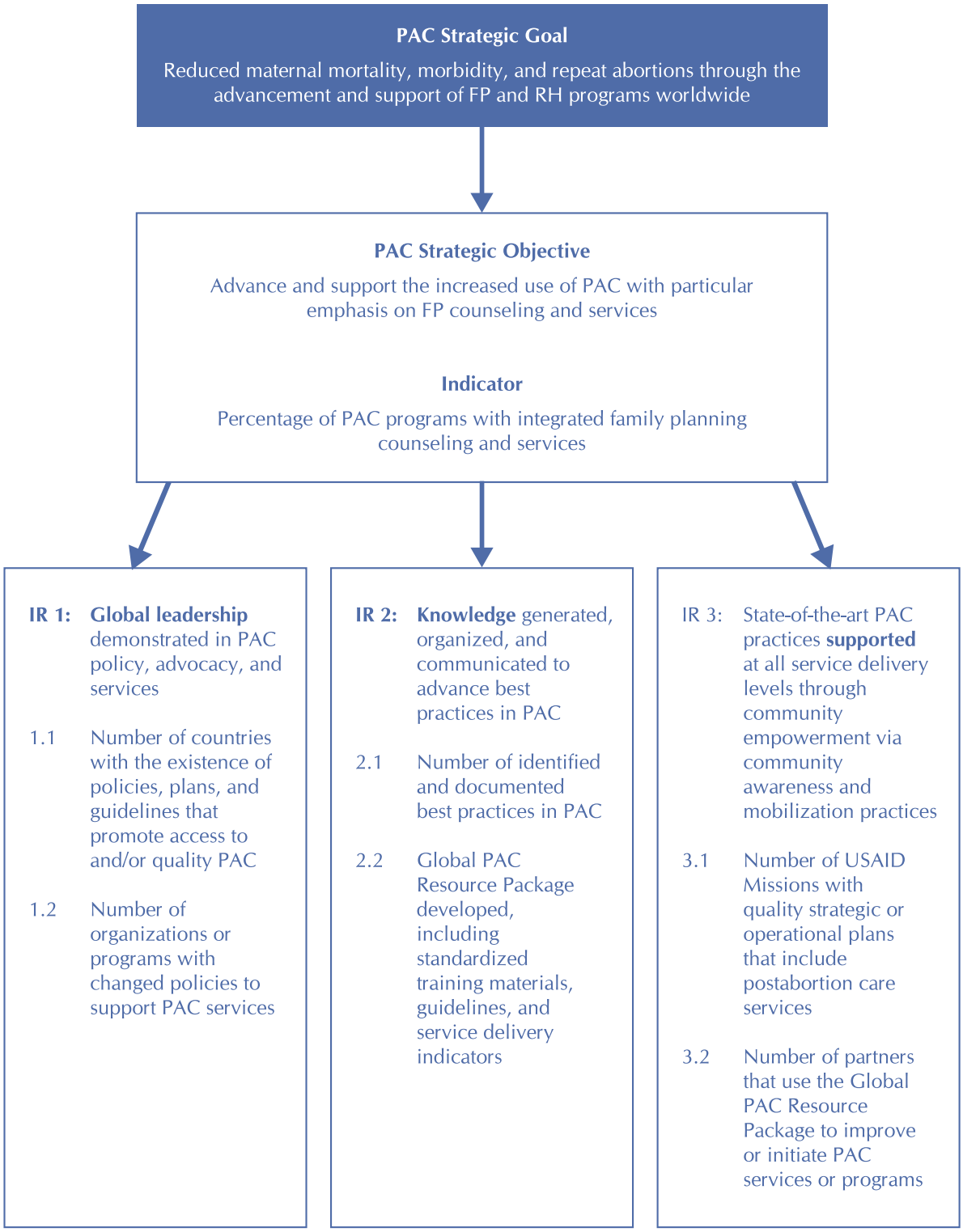
In 2002, the Postabortion Care Consortium expanded the original concept of postabortion care that was first articulated by Ipas in 1991. Per the PAC Consortium, the essential elements of postabortion care are based on a continuum of care approach. These essential elements of postabortion care encompass indicators of the USAID Country Results Framework only; these elements do not include indicators noted in the Global Results Framework.

Indicators in the USAID Country Results Framework included in the essential elements of postabortion care include IRs 1.2, 1.3, 1.4, and IR 3. The core components of postabortion care as articulated by USAID include all the elements of the PAC Consortium's essential elements. A comparison of the models is shown in the following table.

	PAC Consortium Essential Element 1 Community and service provider partnerships	**PAC Consortium Essential Element 2** Counseling	**PAC Consortium Essential Element 3** Treatment of incomplete and unsafe abortion	**PAC Consortium Essential Element 4** Contraceptive and FP services	**PAC Consortium Essential Element 5** Reproductive and other health services
USAID Core Component 1 Emergency treatment		X	X		
USAID Core Component 2 FP counseling and service delivery; evaluation and treatment for STI; and counseling or referral for HIV/ AIDS counseling and testing		X		X	X Services limited to evaluation and treatment for STI and counseling and/or referral for HIV counseling and testing
USAID Core Component 3 Community empowerment through community awareness and mobilization	X	X			

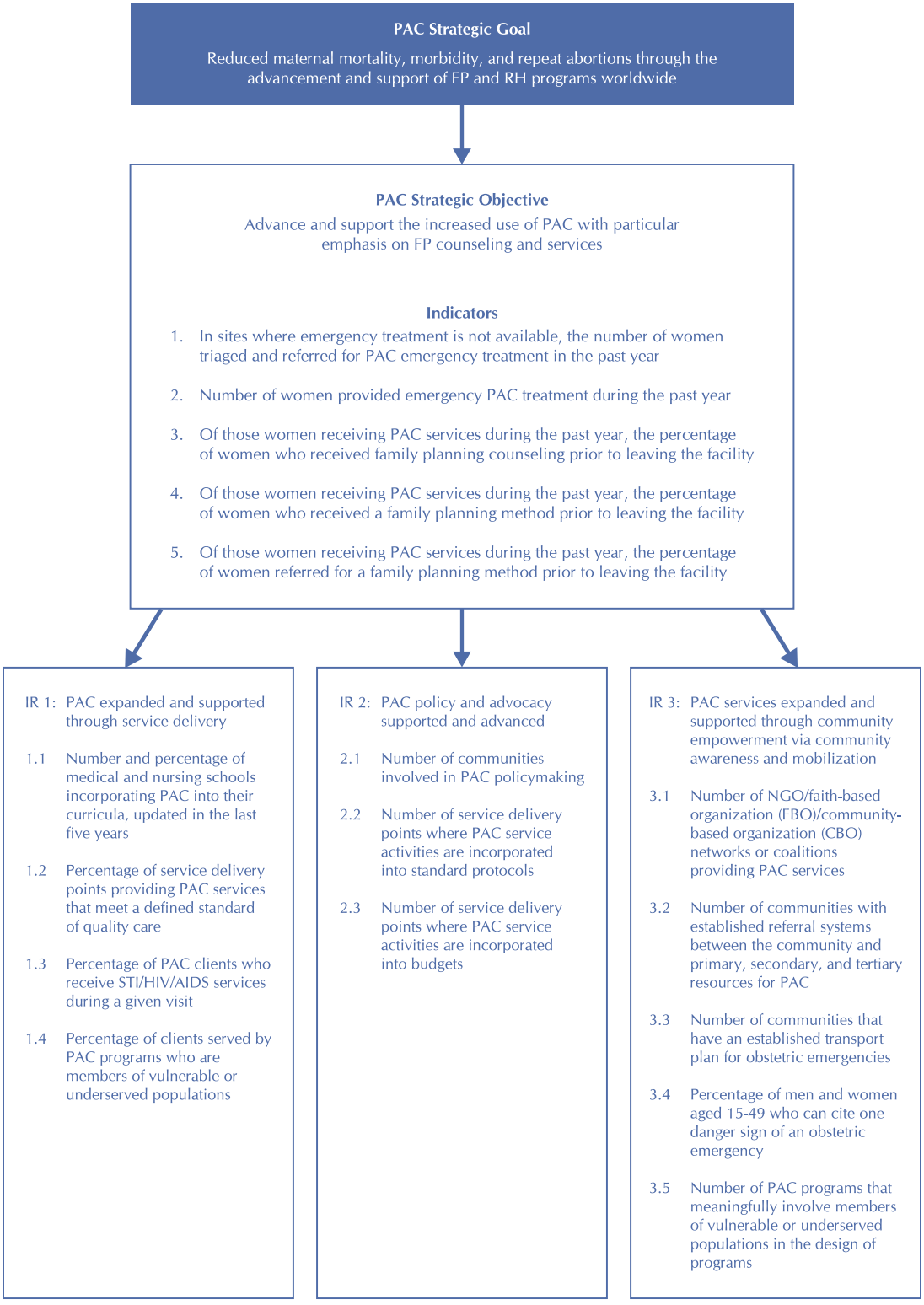
GLOBAL RESULTS FRAMEWORK AND INDICATORS

(Indicators adapted from MEASURE Evaluation)



COUNTRY RESULTS FRAMEWORK AND INDICATORS

(Indicators adapted from MEASURE Evaluation)



COMMENTARY FOR THE USE OF PAC GLOBAL AND COUNTRY INDICATORS

(From the 2004 USAID PAC Strategy)

Global Indicators	Intermediate Result	Page #
Number of countries with existence of policies, plans, and guidelines that promote access to and/or quality postabortion care.	IR 1.1	39
Number of organizations or programs with changed policies to support PAC Services.	IR 1.2	41
Number of identified and documented best practices in PAC.	IR 2.1	42
Global PAC Resource Package developed, including standardized training materials, guidelines, and service delivery indicators.	IR 2.2	43
Number of USAID Missions with quality strategic or operational plans that include postabortion care services.	IR 3.1	44
Number of partners that use the Global PAC Resource package to initiate or improve PAC services or programs.	IR 3.2	45

Country Indicators	Indicator #	Page #
In sites where emergency treatment is not available, number of women triaged and referred for PAC emergency treatment in the past year.	1	48
Number of women provided emergency PAC treatment during the past year.	2	49
Of those women receiving PAC services during the past year, the percentage of women who received family planning counseling prior to leaving the facility.	3	50
Of those women receiving PAC services during the past year, the percentage of women who received a family planning method prior to leaving the facility.	4	51
Of those women receiving PAC services during the past year, the percentage of women referred for a family planning method prior to leaving the facility.	5	52

Country Indicators (continued)	Intermediate Result	Page #
Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years.	IR 1.1	53
Percentage of service delivery points (SDPs) providing postabortion care services that meet a defined standard of quality care.	IR 1.2	54
Percentage of PAC clients who receive STI/HIV/AIDS serviced during a given visit.	IR 1.3	55
Percentage of clients served by PAC programs who are members of vulnerable populations or underserved populations.	IR 1.4	56
Number of communities involved in PAC policymaking.	IR 2.1	57
Number of service delivery points where postabortion care service activities are incorporated into standard protocols.	IR 2.2	58
Number of service delivery points where postabortion care service activities are incorporated into budgets.	IR 2.3	59
Number of NGO/FBO/community-based organizations (CBO) networks or coalitions providing PAC services.	IR 3.1	60
Number of communities with established referral systems between the community and primary, secondary and tertiary resources for PAC.	IR 3.2	61
Number of communities that have an established transport plan for obstetric emergencies.	IR 3.3	62
Percentage of men and women age 15 - 49 who can cite one danger sign of an obstetric emergency.	IR 3.4	63
Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of the programs.	IR 3.5	64