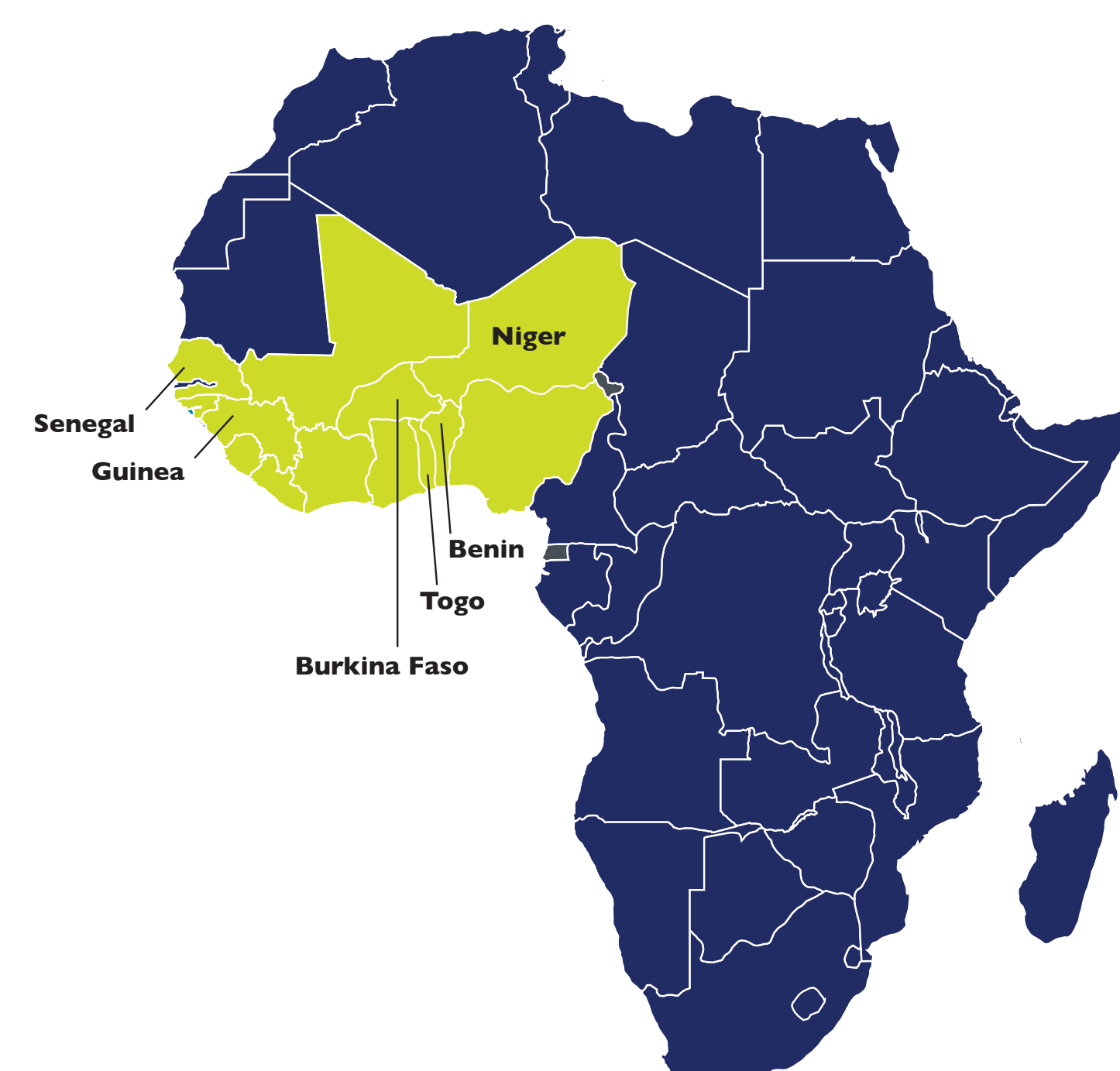


Preventing the Next Unplanned Pregnancy: Addressing Unmet Need in Postabortion Care in Mali

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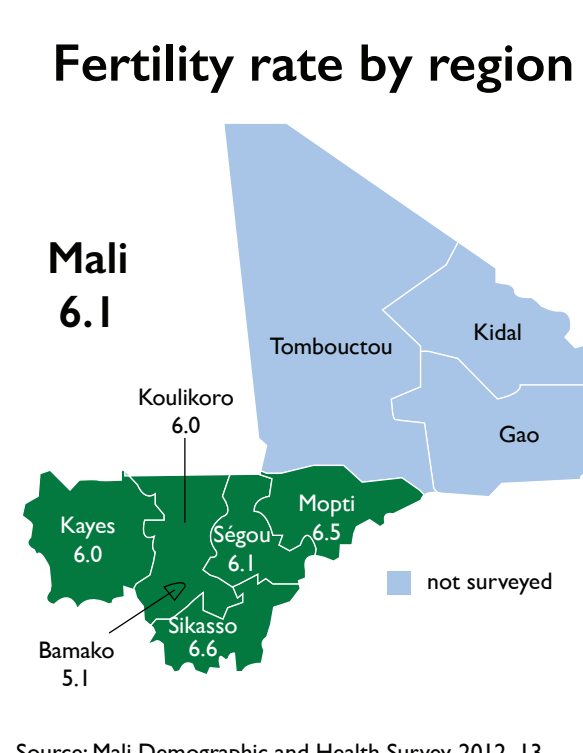
Significance/Background

- In 2008, findings from a postabortion care (PAC) evaluation initiated by the United States Agency for International Development (USAID) in six West African countries showed nonexistence of family planning (FP) counseling and services, specifically long-acting and reversible contraception (LARC) integrated into PAC services.
- USAID, the World Health Organization, and partners held a conference to develop action plans.
- Despite some progress, access to high-quality PAC-FP services remained a challenge.



- In 2013, the Maternal and Child Health Integrated Program conducted a needs assessment in Mali that showed the availability of nonjudgmental emergency services for complications of incomplete abortion but absence of FP counseling and services.
- The USAID-funded Maternal and Child Survival Program (MCSP) conducted a 10-day training course that integrated competencies for PAC and LARC.*

*Normally, these are two separate courses (PAC 10 days; LARC 5 days).



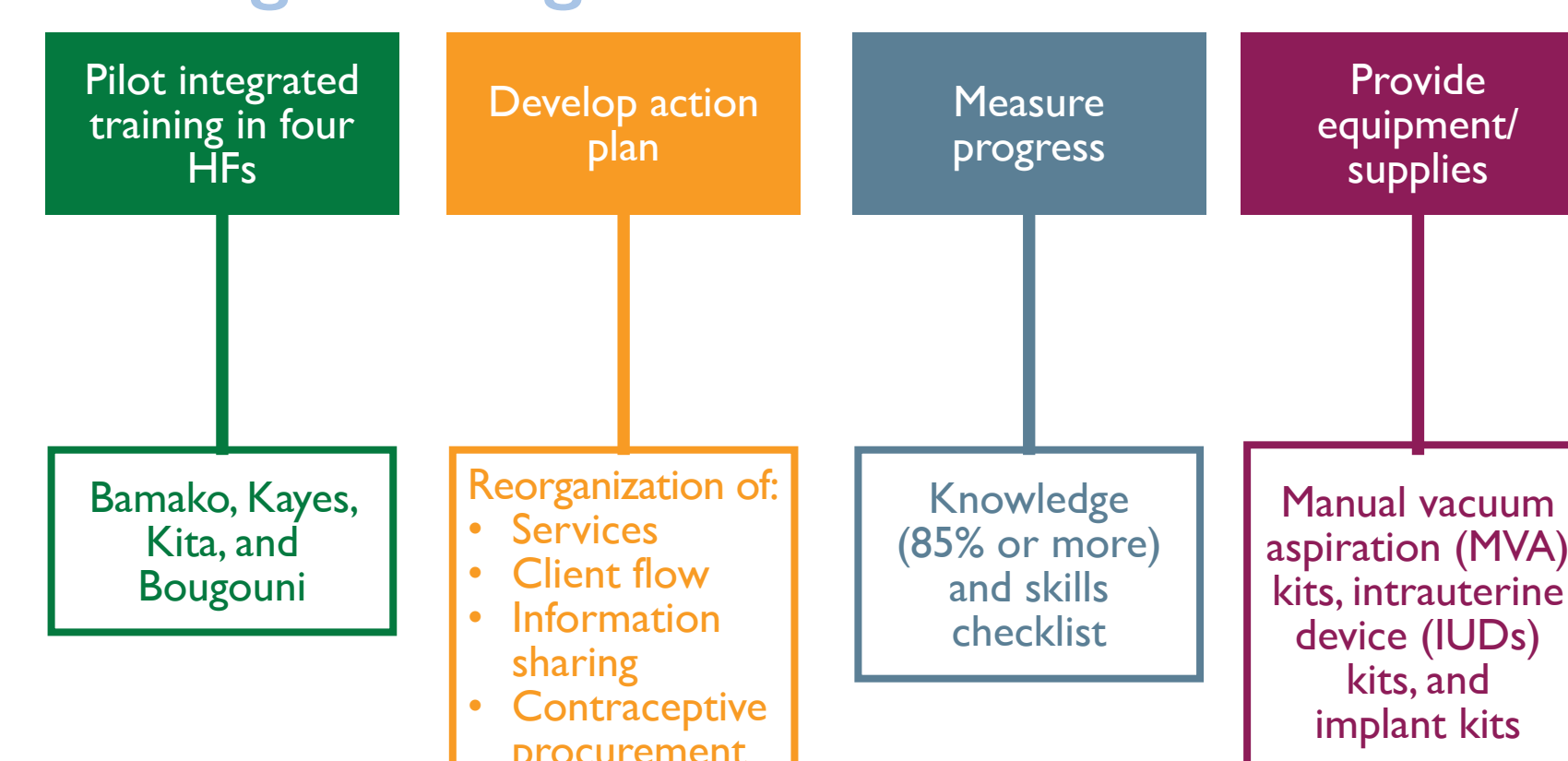
Program Intervention

- Start up functional PAC services in four selected health facilities (HFs)
- Develop a PAC/LARC training curriculum
- Competency-based training of providers (physicians and midwives)
- Develop action plans
- Support start-up activities
- Transfer-of-learning visits



Methodology

During training



After training



Results/Key Findings

- All participants scored 85% in the knowledge post-test.
- 14 providers' skills were strengthened in PAC, including:
 - FP/LARC counseling and services
 - Enhanced counseling to explain healthy timing and spacing of pregnancy and return to fertility after abortion
- During the training event, the trainees worked in the PAC and FP units. These providers:
 - Counseled 128 clients in FP
 - Inserted 56 Jadelle/implants
 - Removed 15 Jadelle/implants
 - Inserted 14 IUDs
 - Removed six IUDs
 - Managed six clients with abortion complications using MVA
- All 14 participants were assessed in these skills and were found to be competent in implant and IUD service delivery.
- All four selected sites have room for PAC and FP counseling services to ensure confidentiality.
- Equipment and supplies are available in these selected sites to provide high-quality PAC and LARC services.

Program Implications/Lessons

- Integration of PAC and LARC training into one 10-day training is feasible.
- Reorganizing services and improving availability of contraceptives in the procedure room and client flow will allow for provision of quality PAC services.
- Disseminating information to all staff and the management team about availability of services and seeking support from the management team are key steps of program success.
- Training providers in integrated PAC/LARC services allowed all FP methods to be made available in the procedure room, and the number of clients leaving with FP methods increased dramatically.
- Providing on-site support during start-up activities 2 to 3 weeks after the training galvanizes the efforts of the site to immediately start services.
- Providing equipment and supplies to start services is a good incentive for the site to immediately begin activities while it is putting in place a viable system.
- Conducting transfer-of-learning visits after 8 weeks is essential to give providers an opportunity to discuss any issues faced during the implementation phase and how to overcome them.



Percentage of PAC-FP clients at four sites who accepted family planning, February–August 2015 (N = 299)

