

ENHANCING THE QUALITY OF ABORTION CARE

Successful initiatives to improve
clinical skills and facility services



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Ipas works globally so that women and girls have improved sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care. We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health.

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Making high-quality abortion care available to all women, no matter their age or where they live, requires support for providers and health facilities that goes beyond clinical skills for abortion.

Working in partnership with governments, community members and other stakeholders, Ipas supports programs that provide both clinical and programmatic assistance to providers and health facilities, with the goal of optimizing services and quality of care. These programs are designed and implemented based on the local context and the needs of individual providers.

Initiatives in four countries—Nigeria, Nepal, Ghana and Zambia—offer a snapshot of this work, which varies from individualized support for providers in the form of clinical mentoring, to ensuring that services are youth-appropriate, to ensuring that health facilities have adequate abortion and contraceptive supplies and equipment. Outreach to the community is often an element of these initiatives, to gain community support for the provision of abortion and to let women know that safe abortion services are available.

These efforts have led to important improvements, such as more providers deciding to offer abortion care, better communication between providers and young clients, and the opportunity for midlevel providers to receive training and support in the provision of abortion care. The goal is to make services more available, accessible and acceptable to women, including young women—and to provide them with the highest attainable standard of care.

An Improvement Collaborative focused on youth services

Nigeria is Africa's most populous nation and has a growing youth population—more than half the country's estimated 182 million people are under the age of 30. How can providers make sexual and reproductive health services more accessible and more responsive to the needs of youth? Ten Ipas-supported providers in Nigeria took part in an "Improvement Collaborative" from May 2016 to March 2017 to explore and take action on this question.

An initial workshop gave providers the opportunity to review concepts of youth-appropriate services and to hear suggestions directly from young women and men, such as the need to ensure privacy and confidentiality. Each provider then used the "Plan-Do-Study-Act" tool—a method for testing a proposed improvement—and the "15-percent Solutions" approach to propose solutions and plan innovations at their facilities that are within their control. The latter approach emphasizes that small changes can lead to a major impact. For instance, the providers were encouraged to think about improvements they could initiate without the need for more resources or more authority.

Over the next several months, they implemented their ideas for change and held four consecutive meetings to discuss successes and challenges. Results then were presented to more than 100 other providers gathered for the Ipas-sponsored Provider Network Meeting held in Nigeria each year, which brings together providers, government officials, community members and other stakeholders to build support for the provision of quality abortion care.

The participants had positive things to say about the Improvement Collaboration process. "It was a lot of work, but fulfilling," said one. "I could see immediate results. I felt I had the ability to make change." Collaborating as a group "creates motivation and peer pressure," said another provider, with others saying that it was a simple and manageable process that focused not only on shared learning but on "spreading that learning."



I wanted to let young people know the availability of sexual and reproductive health services. I met with village heads, community leaders and community members from 90 villages surrounding my facility...I shared my phone number with [young women] and told them I would be available to meet with them in person to answer any questions."

Successful approaches included:

- **In-service training for providers** to explore their values and attitudes about abortion and to improve their knowledge about the legal indications for induced and postabortion care in Nigeria. At one facility, this already has led to an increase in the number of doctors providing services for young women.
- **Outreach to local communities**, to let young people know about the availability of sexual and reproductive health services. Providers held community meetings and also shared their phone numbers with young people and let them know they are available to answer any questions. “I have since been receiving calls,” reports one provider. “Before the intervention, young people were not calling me.”
- **Meetings with hospital administrators** to advocate for clinical improvements. This led to specific improvements, such as family planning commodities being available in the uterine evacuation procedure room; the use of effective pain management for clients; and training for doctors on misoprostol as an effective uterine evacuation method for women seeking care. These changes helped to improve the quality of services.
- **Improving referral times** between primary health care facilities and hospitals. By making referrals more timely, the goal is to lower the number of cases that are referred with complications.



Prior to the intervention, clients would come to the general hospital, be admitted and wait for the doctor. They were deterred by the amount of time they had to wait. I started to do outreach with the primary facilities and shared my number so referrals could be made directly to me and I could assist clients with timely services when they arrived at the facility.”

Supporting providers with clinical mentoring

In 2002, the Parliament of Nepal enacted landmark legislation granting women broad legal access to abortion. Safe abortion services began in 2004, and today services are available in all 75 districts, though significant barriers to care remain, especially in rural and mountainous areas.

Working with the Government of Nepal, Ipas Nepal has implemented a clinical mentoring program for abortion providers that offers post-training, needs-based support. The ultimate goal of clinical mentoring is to ensure that providers are clinically competent and confident in providing abortion services and meeting performance expectations (or are being offered the tools and support in order to become so). The mentors are experienced clinicians, with a background in manual vacuum aspiration (MVA) and medical abortion. They offer support on both clinical issues and programmatic issues, such as management and logistics, and ensure that providers have the latest clinical information and knowledge to provide high-quality safe abortion care.



Clinical mentoring: A collaborative relationship in which an experienced comprehensive abortion care provider guides improvement in the quality of care delivered by other providers as much and as often as needed to achieve high levels of performance in their jobs.

Programmatic support: Support provided to an individual or a health facility as much and as often as needed to address logistics, management support needs and other issues to overcome barriers to and improve service provision.

In May 2016, Ipas Nepal conducted an informal assessment of the clinical mentoring program, surveying 19 clinical mentors and mentees in Morang, Parsa and Rupendahi districts. They were asked to rate their experience on such matters as whether their roles had been clearly defined, whether they had enjoyed the mentor/mentee working relationship, and their overall satisfaction with the program. All mentors rated the program as either “good” or “excellent.” Mentees also gave the program high marks, saying they had felt comfortable talking with their mentors about clinical problems and had learned new skills.



“If there are any clinical problems, the mentors say ‘We are here to support you,’ and they do support us.” — **Raj Kumari Choudhary,**
Clinical Mentee, Hanuman Nagar

A 2017 report on the program issued jointly by the Government of Nepal and Ipas Nepal recommend steps for enhancing the quality and optimum benefits of the clinical mentoring program in the future, including a recommendation that mentoring be integrated into other reproductive health programs in Nepal, such as family planning and safe motherhood. Clinical mentors themselves also benefit from this experience, as it helps them to keep their own technical knowledge up to date and to increase confidence in themselves as a skilled provider.

Complementing the clinical mentoring for individual providers, Ipas Nepal has also implemented a COPE (client-oriented, provider-efficient) program at Ipas-supported health facilities. COPE is a process of improving quality of care by engaging providers and staff to identify problems, develop solutions, and continuously monitor overall performance. Regular COPE meetings identify additional support needed by providers, and clinical mentors are called in if necessary. A public health nurse in a health facility in Saptari reports that the COPE program has helped to enhance relations with the district health office, ensure adequate supplies of basic equipment, and improve the overall quality of services.

Ipas second trimester training.

Training and support for midwives

Expanding the base of abortion providers by training midlevel cadres of health workers in abortion care is a proven way of improving women's access to services. In Ghana, Ipas is working in conjunction with the Ghana Health Service to train midwives in abortion care and provide them with post-training support.

Helena Adjei is one of the Ipas-trained midwives. She enlisted for comprehensive abortion care training in 2014, and received training in medical abortion, manual vacuum aspiration, and client counseling, including counseling on postabortion care. Once her training was completed, Helena initiated services for the first time at Hobor and received post-training support from a clinical mentor who is a comprehensive abortion care provider at a referral facility. The mentor visited her at Hobor and kept in contact by telephone. When Helena receives cases that she cannot manage, she refers them to her mentor.

The clinical mentor helped Helena establish confidence and competence in her skills, and she is now passing these skills on to a midwife colleague who has started to provide medical abortion with Helena's guidance. Since the completion of her training, Helena has provided abortion care for dozens of women. By serving harder-to-reach clients, she is helping to make care more equitable. All of her clients have opted to take home contraceptive supplies, with more than half choosing long-acting reversible contraception.

Helena and her colleagues work together as a team, with her joining the facility-based community health nurses to conduct community education and outreach and provide referrals to Hobor, including referrals for abortion care. Through these community outreach efforts, Helena is able to build trust among community members. The surrounding community was not initially accepting of abortion provision at Hobor but, as a result of improvements achieved through the efforts of Helena and others, Hobor is now a model facility providing high-quality services, with short wait times and private and confidential care.



“Young women must be empowered to make the right sexual and reproductive health choices in their lives, to enable them to contribute positively to their societies and the world at large.” — **Helena Adjei**



With training and support from her clinical mentor, Helena (left) has established her confidence and competence and provides excellent care for women. She is now passing these skills on to her midwife colleague (on right) who has started to provide MA with Helena's guidance. The community health nurses (middle) provide community education and outreach and referrals to the facility for services, including CAC. The midwives join them monthly to engage with the community and continue to build trust among community members.



A mentor assists a provider with the MVA procedure.

Reaching those who influence services

As the custodians of medicines essential to reproductive health, pharmacists have an important role in ensuring that women can receive safe abortion care. In some cases, however, they can be barriers to care, if their own personal beliefs or lack of knowledge about abortion laws prompts them to deny women access to necessary commodities.

In Zambia, Ipas is training pharmacists who are based in public health facilities on the consequences of unsafe abortion, the important role pharmacists play in service delivery, and to help them explore their values and beliefs surrounding abortion. This has resulted in more support from pharmacists for the provision of safe abortion care for women:

- Pharmacists are now ordering misoprostol so that providers have a supply for abortion services. Previously, they had ordered it only for induction of labor and treatment of post-partum hemorrhaging.
- When district-level pharmacists forecast their need for supplies, they now include Ipas-supported facilities in their calculations. This improves the availability of manual vacuum aspiration (MVA) kits.
- There is an improved collaboration between Ipas and the Ministry of Health pharmacy personnel in charge of storage and distribution of Ipas-supplied abortion commodities at the district and facility level. This has improved record-keeping and accountability.
- There is also an improved collaboration between abortion providers and pharmacy personnel, which has helped to ensure that commodities such as medical abortion drugs and contraceptive supplies are available in the procedure room.

The close working relationship between Ipas Zambia staff and the providers they support has helped to make such improvements possible. Ipas offers not only skills-training and supplies, but also provides motivational support. Unsafe abortion remains one of the largest contributors to maternal death in Zambia, and the cultural and political environment is difficult for providers. They are affected by a high level of abortion stigma and Zambia's relatively progressive abortion law is under ongoing attack from abortion opponents. Nonetheless, providers are driven by a desire to save women's lives and continue not only to provide services, but also are making efforts to constantly improve the quality of care for the women they serve.



Pharmacists play an important role in ensuring women receive safe abortion care. In 2015, Ipas started training facility level pharmacists in values clarification, the consequences of unsafe abortion in Zambia, and the important role pharmacists play in service delivery.



I am helping the country to reduce the maternal death rate by offering professional and safe services. Every woman's life counts. With Ipas support, I have gained knowledge and exposure, and the desire to gain more knowledge." — **Ipas-trained provider**



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