

TRAUMA-INFORMED ABORTION CARE:

## Service Delivery/Integration Case Studies for Facilitators



**Note for facilitators:** These case studies are for small group work and discussions. You do not need to use all the cases; choose the cases that are most useful to your participants. The small group leaders or the facilitator can use the bullet points to generate more discussion about the case. Do not share the bullet points for the cases with participants before the discussion.

### Service Delivery/Integration Case Study 1: Introducing trauma-informed abortion care as a service and treatment option for survivors of sexual violence

You are an abortion provider assigned to a primary health center in the Imaginaria refugee camp. At this primary health center, a variety of health-care workers provide different types of sexual and reproductive health services, including postabortion care (medical and surgical) and contraceptives. They do not yet offer induced abortions, although it is allowed by law.

How do you intend to introduce abortion services and integrate trauma-informed care in the facility?



**Notes for facilitators:** Small group discussions may include some or all the following points:

- Assess facility readiness—including infection prevention, supplies, medications and equipment—for abortion service introduction for survivors of sexual violence
- Assess current providers' uterine evacuation skills and willingness to provide abortion care
- Develop uterine evacuation skills among a necessary group of providers
- Introduce abortion values clarification activities for entire facility staff

- Organize trauma-informed care training for relevant wards or departments
  - Introduce job aid on the LIVES method
- Organize a uterine evacuation refresher training for identified service providers, which includes trauma-informed care
- Develop informational materials about the abortion services for users or community health workers or volunteers
- Organize an on-site mentoring program for sexual and reproductive health providers or women’s protection providers on the new aspects of trauma-informed care

## Service Delivery/Integration Case Study 2: Referral Pathway and Service Integration

You are the sexual and reproductive health coordinator for Imaginaria Refugee Camp where women and girls are experiencing high rates of gender-based violence. Multiple partners are implementing gender-based violence programming—some are focused on prevention and protection, some on clinical management of sexual violence survivors and others on providing safe abortion care—but there is a lack of coordination and standardized referral processes.

What steps should you take to integrate services for gender-based violence and sexual reproductive health services in this camp?



**Notes for facilitators:** Small group discussions may include some or all the following points:

- Bring issue to the SRH working group and/or coordination team in the Health Cluster
- Engage UNFPA, if not already involved, as UNFPA is the likely lead for this level of integration across GBV services
- Engage the GBV working group
- Engage GBV implementing partners from both the health and social services/protection sectors
- Capacity building:
  - Train SRHR staff on GBV
  - Train GBV staff on SRHR

- Coordination, collaboration, and partnership
  - support development of new partnerships
  - facilitate understanding of the project design and roles of all participating implementing partners; ensure each understands others' roles, not just their own
  - facilitate ongoing project communication and meetings
- Service delivery considerations
  - Contextualize implementation approaches
  - Provide information and awareness-raising including development and use of appropriate information, education and communication materials
  - Use values clarification activities for work on stigmatized services such as contraception and abortion
  - Incorporate screening for GBV
  - Incorporate clinical management of rape service to include trauma-informed abortion provision or referral
  - Establish efficient, safe and effective referral processes across GBV service sectors and implementing partners
- Monitoring and program support
  - Introduce tools in the GBV information management system
  - Establish regular monitoring and support visits to the implementing partners

### **Service Delivery/Integration Case Study 3: Referral Pathway and Service Integration**

You are the midwife-in-charge at a primary health center [**OR** health lead for an implementing agency] in Imaginaria refugee camp. Trauma-informed abortion care has been introduced and is being implemented within your clinic [**OR** throughout your agency's service delivery points] but your staff has noted a lack of coordination and referrals throughout the camp for this care.

What steps should you take to advocate for better integration of services for gender-based violence and sexual reproductive health and rights in this camp?



**Notes for facilitators:** Small group discussions may include some or all the following points:

- Bring issue to the camp SRH coordinator and/or the SRH working group/coordination team
- Identify what barriers to integration exists and solutions to these barriers
- Advocate for clear policy, linkages and referral processes between the core areas of protection and health
- Advocate for inclusion of abortion provision and/or referral as needed for survivors
- Offer/share training materials on trauma-informed abortion care