TRAUMA-INFORMED ABORTION CARE:
Service Delivery/Integration Case Studies for Participants

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?
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 focused on prevention and protection, some on clinical management of sexual violence survivors, and others providing safe abortion care, but there is a lack of coordination and a standardized referral process in place.

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

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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 recognized the 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?