

## PAC Connection Meeting Highlights

June 24, 2014

**Attendees:** Carolyn Curtis, Erin Mielke, Dantia Hudson, Fariyal Fikree, Heather Forrester, Stembile Mugore, Kuhu Maitra, Ayman Mohsen, Debra Dickson, Gwen Morgan, Suzanne Stalls, Douglas Huber, Boniface Sebikali, Tsigue Pleah, Holly Blanchard, Emily Hillman, Molly Siwula, Elizabeth Bastias-Butler, Anne Pfitzer, Mychelle Farmer, Anna Mackay, Amy Couglin, Defa Wane, Nichelle Walton, Christopher Lindahl, Feddy Mwanga, Japheth Ominde Achola

**Welcome and Opening Remarks**—Carolyn Curtis, *PAC Champion/U.S. Agency for International Development (USAID)*

Upon opening the meeting, Carolyn Curtis commented on USAID's strong commitment to supporting postabortion family planning (PAFP), a high-impact practice that forms an important part of USAID's response to the FP2020 goal of enabling 120 million women and girls to begin using contraception by 2020 and USAID's initiative for Ending Preventable Child and Maternal Deaths by 2035. The end of June marked the two-year anniversary of the Child Survival Call to Action, with USAID cohosting high-level meetings with the ministers of health from USAID's 24 priority countries to note progress on efforts to reduce child and maternal mortality and to highlight strategic actions for the future to increase the pace of progress toward these goals. The PAC Connection, as a forum for USAID and partners to meet and engage in technical updates and priorities for scale-up of quality postabortion care (PAC) services, aims to ensure that programs include a strong FP component to meet the needs of postabortion women.

**Briefing on ICM 30th Triennial Congress**—Carolyn Curtis, *PAC Champion/USAID*

The 30th Triennial Congress of the International Confederation of Midwives (ICM) took place on June 1–4, 2014, in Prague. The ICM is one of the major signatories of the joint statement on postabortion FP. This year, USAID was able to have a plenary session on FP at the congress (with around 200 people in attendance). Additionally, USAID and ICM for the first time sponsored FP Fellowships to recognize midwives from the 24 priority countries and supported six fellows' attendance (from Nigeria, Pakistan, Bangladesh, and Rwanda) at the congress. The fellowship allowed them to attend the conference free of cost, thus removing a barrier that would have prevented many of them from attending. For three of the six fellows, their national midwifery associations recognized them and asked them to represent the association at the council, a leadership meeting held right before the congress. At this council, they observed the leaders of ICM to gain a better understanding of how the ICM works, how it moves policy and creates joint statements, and other business.

**[Breaking the Cycle of Unintended Pregnancy in Postpartum and Postabortion Women: Presentation from ICM 30th Triennial Congress](#)**—Carolyn Curtis, *PAC Champion/USAID*

The objectives of this presentation were to provide a global overview of FP, to examine long-acting and permanent methods (LA/PMs) as an integral part of increasing the FP method mix, and to look at barriers to FP and missed opportunities, especially postabortion and postpartum FP. Barriers were discussed—such as the ways in which services are structured, provider bias, lack of provider knowledge regarding the return to



fertility, etc.—as well as examples of strategies for overcoming these barriers. The target population, 220 million women every year with an unmet need for FP, was discussed, along with an analysis of the reproductive intentions of postpartum women for the 12 months following birth. If the reproductive intentions of postpartum women were met, it is possible that the goals for FP2020 could be met within two years rather than six. The presentation covered the ICM's State of the World's Midwifery report, launched at the congress, and an analysis of unmet need and challenges in providing postabortion FP, as well as the impact that addressing these needs can have on unmet need overall.

[Saving Women's Lives in Tanzania: Midwives Leading Decentralized cPAC](#)—Feddy Mwanga, *Technical Director, EngenderHealth Tanzania*

EngenderHealth's Feddy Mwanga, of the RESPOND Tanzania Project, presented on their decentralized PAFP program in Tanzania. The project's objectives were to ensure contraceptive security and capacity building in service delivery, as well as advocacy and demand generation. The project saw an increase in the use of long-acting reversible contraceptives (LARCs) and permanent methods (PMs), as the number of clients nearly tripled—with a six-fold increase in IUD clients, as well as a three-fold increase in implant clients. As part of the scale-up of decentralized PAC services, in 2007 EngenderHealth supported the Ministry of Health and Social Welfare to scale up the decentralization of PAFP from 10 to 21 districts, reaching more 229 lower level health care facilities and training providers in manual vacuum aspiration (MVA) as a means of PAC, as well as meeting equipment and supply gaps. Communities around these facilities were also sensitized to the new and strengthened services. Such decentralization efforts brought services to lower level health care facilities, and training has enabled midwives (65% of those trained) to provide both PAC management and provision of FP services/counseling.

[Update on the PAC Research Compendium Review](#)—Douglas Huber, *consultant, EngenderHealth/The RESPOND Project*

The PAC Research Compendium has been updated by Laili Irani of the Population Reference Bureau and Sara Pappa of the Futures Group, and drafts were reviewed by Carolyn Curtis, USAID, and Douglas Huber. The original compendium included articles from 1990 to 2004; the current update included more than 400 articles from 2000–2013. A summary of new PAC Compendium findings and related training and position statements will be drafted in July 2014 and will be submitted for publication. Relevant findings that have good evidence and that can alter practices for PAC services and policies include:

- **Emergency Treatment**
  - Misoprostol is safe, effective, and highly acceptable as a first-line treatment for uncomplicated incomplete abortions up to 13 weeks. Complete evacuation rates are generally in the 92–98% range and are close to the completion rates for MVA.
  - PAC services with misoprostol can be extended to lower level facilities and administered by nurses and midwives. Misoprostol is inexpensive, widely available in many countries, and endorsed for PAC by the World Health Organization and the PAC Consortium.
- **PAC Counseling and Service Delivery**
  - Acceptance of PAFP increases dramatically when it is offered at the site of treatment before the client's discharge—more countries/studies have now added to the evidence.

- PAFP reduces unplanned pregnancies and repeat abortions.
- Women frequently are not informed about the rapid return to fertility following abortion and the characteristics of the contraceptive method chosen, including lacking written information on the method—an urgent need for training and monitoring.
- **Community Awareness, Mobilization, and Empowerment**
  - The Community Action Cycle can increase awareness of PAC services, especially with training of community health workers to handle referral to facilities.
- **Policy, Programs, and Systems Issues**
  - Preservice PAC training for nurses, midwives, and doctors is much needed for complete PAC services to be sustainable.
  - Misoprostol training is needed for nurses and midwives as well as for doctors—a task-shifting opportunity to extend PAC services.
  - Indicators for PAFP, including method mix, need to be routinely monitored and reported to ensure improved performance and universal access.

**[PAC Consortium Update](#)**—*Defa Wane, Director, Technical Strategy and Innovation, EngenderHealth*

Priorities for the PAC Consortium in 2014–2015 include expansion of the PAC Consortium membership, improved availability of tools and resources, strengthened capacity of PAC Consortium country teams and member organizations, and increased global visibility and awareness of PAC issues. Last month, two steering committee members attended the International Federation of Gynecology and Obstetrics Regional Workshop in South Africa, which was focused on PAC—specifically PAC and FP—and included the development of short-term action plans to strengthen PAFP. In addition, several resources were finalized by task forces, including the essential supplies fact sheet, the misoprostol fact sheet, and a compendium of tools for addressing barriers to service delivery (including more than 50 documents from organizations such as USAID and others, as well as community health information cards, USAID-recommended resources, and other behavior change communication materials). A [short video](#) was also recently produced by the Youth-Friendly PAC task force to highlight the voices of youth. The next steps for the PAC Consortium include the finalization of their workplan; a redesign of the PAC Consortium web site, fact sheet, and promotional card; and the provision of technical support to member organizations and the production of webinars on technical topics. PAC Connection members are encouraged to [join the PAC Consortium mailing list](#), attend the webinars, and follow the PAC Consortium on [Twitter](#).

**[Walk-Through and Discussion of PAC-SEED Checklists](#)**—*Erin Mielke, Reproductive Health Senior Technical Advisor, USAID, and Nichelle Walton, Project Assistant, Monitoring, Evaluation, and Research, EngenderHealth*

The PAC-SEED Checklists were developed as a tool for a five-day conference held in October 2013 in Saly, Senegal ([Second Regional Francophone West Africa Postabortion Care Meeting: Strengthening Postabortion Family Planning in West Africa](#)), which included more than 60 participants from Benin, Burkina Faso, Cameroon, Guinea, Mali, Niger, Rwanda, and Senegal. The PAC-SEED checklists are a revised version of the PAC Checklists, a part of the [PAC Global Resources Package](#), which assist those involved in PAC policies, service delivery, education, or community sensitization to evaluate their current systems and tools. In

preparation for this meeting, the checklists were analyzed and revised in light of EngenderHealth's Supply-Enabling Environment-Demand (SEED) Programming Model, a holistic programming model that emphasizes the need to strengthen programs through interventions focused on supply (e.g., provider skills, availability of commodities), demand (e.g., knowledge in the community of available health services), and the enabling environment (e.g., policies supportive of services). The checklists were used by country teams to evaluate their national policies, service delivery, education, and community sensitization programs. These teams then prioritized the gaps and analyzed root causes, leading to the creation of road maps that were presented on final day of the conference. These checklists can be adapted to serve as tools in other PAFP programs by partners and may be included in the revision of the PAC Global Services Package.

## Partner Updates

Evidence to Action (E2A) Project—*Fariyal Fikree, Senior Research Advisor, E2A Project, Pathfinder International*

- The PAC Program Assessment of PAC services in Burkina Faso, Guinea, Senegal, and Togo was conducted. Four technical briefs ([Burkina Faso](#), [Guinea](#), [Senegal](#), and [Togo](#)) have been made available, and the full technical report will be available shortly.

Jhpiego, *Holly Blanchard, Sr FP/RH Advisor and Anne Pfitzer, Family Planning Team Leader, MCHIP*

- In Guinea, Jhpiego conducted PAC data collection covering 38 facilities in 20 prefectures/communes, in conjunction with a study to assess LARC integration within PAC services. Among the clients at these facilities who received PAC services, 100% had PAC FP counseling and 90% received a method.
- In Pakistan, Jhpiego developed 14 master trainers, 88 providers (24 PAC FP counselors), and trained 234 health workers in 3 provinces.
  - They noticed an increase in postpartum FP counseling - ANC went from 21 to 91%, postnatal from 24 to 86%. FP uptake of PAC clients went from 19% to 55%.
- In Mozambique, PAC training was supported in 11 provinces (108 facilities).
- In Angola, PAC training was supported at 14 facilities.
- MCHIP received funding to translate the PAC Resource Package in Spanish. This translation has been completed and is under review.

*Ipas*

- Ipas collects information on PAFP by method type by age (and by procedure type-PAC/induced and by MVA/EVA/D&C/MA/D&E, and by gestational age) and is happy to share this information upon request (Amy Coughlin, [coughlina@ipas.org](mailto:coughlina@ipas.org)). Their interventions vary by country but Amy shared Nigeria's data specifically on PAFP by age group.
- In Nigeria, for example (data on PAFP from July 2011-Dec 2013)
  - PAFP by age group:
    - 19 and under (n= 5,211 or 12% clients served): 86% overall (94% short term, 6% long acting)

- 20-24 (n=13,006 or 29% clients served): 83% overall (91% short term, 9% long acting)
- 25+ (n=26,897 or 60% clients served): 78% overall (77% short term, 23% long term)
- Ipas also tracks availability and use of misoprostol for CAC
  - Availability of misoprostol in Ipas supported private sector sites in Nigeria among three states (FCT, Abia and Ogun) is up to 87% (N=114 sites) vs 61% in private sector (N=28)
  - Also have figures for regions/states in the north for comparison
  - 12 % of 45,606 women received misoprostol for CAC of which 87% received PAFP (78% short term, 22% long term)

#### *EngenderHealth*

- An annotated bibliography (“Responding to the impact of Gender-Based Violence: an annotated bibliography for integrated Family Planning and Gender-Based Violence services”) is available for anyone who would like a copy on [EngenderHealth’s website](#).

#### *ABT Associates*

- Currently, Abt Associates has a [Health Systems Strengthening II project](#) in Jordan that addresses postpartum/PAC FP as one of its components. A challenge of postpartum/PAFP in Jordan is that the desired fertility rate is higher than the total fertility rate, and a high percentage of PAFP clients discontinue FP use within six months.

#### **Updating the PAC Resource Package—Carolyn Curtis, PAC Champion/USAID**

- The Global Resources Package has received visits from more than 140 countries, with an average of 2.5 pages viewed per visit. The most-visited section is the resources section, and there have been a total of 511 downloads from the site.
- If anyone has an update or resource they would like to be included on this site, please send it to K4Health.
- K4Health will be moving the web site to another system and will be able to more closely track web site traffic. There is also interest in updating the PAC Resource Package and doing a revision of the web site.

#### **Updating the PAFP High-Impact Practices (HIP) Brief—Erin Mielke, Reproductive Health Senior Technical Advisor, USAID**

- The PAFP HIP brief was last revised in 2012.
- It is suggested that the evidence should be examined every three years, with new data added in (things might not change, but to the brief should be checked to ensure that the evidence is still current).
  - The brief should include regional evidence.

- Any revision should consider the impact of peer-reviewed publications, which offer a higher level of credibility.
- Projects should set aside money in their budget (if possible) to publish programmatic data, so that data/results can be made more widely available.

**Next Steps**

As the RESPOND Project will be closing on September 23, 2014, the PAC Connection Secretariat will shift to the K4Health Project, implemented by Johns Hopkins Bloomberg School of Public Health.

The next PAC Connection meeting will take place in December 2014 in Washington, DC. A Save the Date notice will be sent by K4Health to PAC Connection members in October/November 2014.



## AGENDA

**PAC Connection Meeting**  
**June 24, 2014: 9:30 am – 2:30 pm**

**Pathfinder Offices of Evidence to Action (E2A) Project**  
**1201 Connecticut Ave., NW, Suite 700**  
**Washington, DC 20036**

9:30 – 10:00 am	<b>Welcome, Introductions, Agenda Review and Briefing on ICM Triennial Congress,</b> Carolyn Curtis, <i>PAC Champion/USAID</i>
10:00 – 10:30 am	<b>Saving Women’s Lives in Tanzania: Midwives Leading Decentralized cPAC,</b> Feddy Mwangi, <i>Technical Director, EngenderHealth Tanzania</i>
10:30 – 11:00 am	<b>Update on the PAC Research Compendium Review,</b> Douglas Huber, <i>Consultant, EngenderHealth/RESPOND Project</i>
11:00 – 11:15 am	<b>Break</b>
11:15 – 11:45 am	<b>PAC Consortium Update,</b> Defa Wane, <i>Director, Technical Strategy and Innovation, EngenderHealth</i>
11:45 – 12:00 pm	<b>Walk-through and Discussion of PAC SEED Checklists,</b> Erin Mielke, <i>Reproductive Health Senior Technical Advisor, USAID,</i> and Nichelle Walton, <i>Project Assistant, ME&amp;R, EngenderHealth</i>
12:00 – 1:00 pm	<b>Lunch (provided)</b>
1:00 – 1:30 pm	<b>Partner Updates</b> <ul style="list-style-type: none"> <li>• <b>E2A,</b> Fariyal Fikree, <i>Senior Research Advisor, E2A Project, Pathfinder</i></li> <li>• <b>Jhpiego,</b> Anne Pfitzer, <i>Family Planning Team Leader, MCHIP</i></li> <li>• <b>Others</b></li> </ul>
1:30 - 1:45	<b>Updating the PAC Resource Package – Discussion,</b> Carolyn Curtis, <i>PAC Champion/USAID</i>
1:45 – 2:00 pm	<b>Updating the PAFP HIP Brief – Discussion,</b> Erin Mielke, <i>Reproductive Health Senior Technical Advisor, USAID</i>
2:00 – 2:15	<b>Discuss Content for E-Newsletter,</b> Nichelle Walton, <i>Project Assistant, ME&amp;R, EngenderHealth</i>
2:15 – 2:30 pm	<b>Wrap-Up and Closing Remarks</b>

