



**TAHSEEN Project
CATALYST Consortium**

Results of the Development of a Comprehensive Postabortion Care Package II Workshop



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United States Agency
for International Development**

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The CATALYST Consortium is a global reproductive health activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development (USAID). The Consortium is a partnership of five organizations: the Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia.



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Table of Contents

OVERVIEW	III
ACKNOWLEDGMENTS	V
ACRONYMS	VII
INTRODUCTION.....	1
RECOMMENDATIONS.....	3
ANNEX 1: WORKSHOP RESULTS.....	7
ANNEX 2: WORKSHOP DOCUMENTS	19



Overview

The present document reports on the *Development of a Comprehensive PAC Package II* workshop held on 31 May 2004 to further the development of a postabortion care (PAC) package for the Ministry of Health and Population (MOHP).

With United States Agency for International Development (USAID) support, TAHSEEN/CATALYST is partnering with the MOHP to prepare a Comprehensive PAC Package for MOHP review and approval. This package includes clinical guidelines, training curricula, infection prevention protocols, a family planning (FP) counseling guide for nurses and community involvement tools needed for the new three PAC elements: emergency treatment, FP counseling, provision and selected RH referral, and community awareness and mobilization.

This workshop brought together 33 individuals representing medical experts and community leaders. CATALYST specialists with PAC expertise and community involvement from Peru also participated, sharing their experiences in Peru.

In the workshop's morning session presenters described the positive results of a project to apply the *Comprehensive PAC Package* materials during clinical training for Minia General Hospital and for community work in Minia. Among the evident effects of training:

- Manual vacuum aspiration use increased from 0% to 83% while use of general anesthesia decreased from 100% to 15%
- Almost every postabortion patient now receives counseling prior to discharge
- FP commodities are now available in the ward for patients who request them
- Community activities are progressing apace

After the morning presentations, the participants formed four working groups to discuss specific issues related to the PAC package:

- National protocol and training manual
- Follow-up tools for training and systems
- Tools for community involvement
- Practices and arrangements to integrate FP services within the obstetrics/gynecological ward

Their recommendations are presented and include a revised Patient Medical Record for Cases of Incomplete and Inevitable Abortion before Twelve Weeks Pregnancy and a revised Follow-up Report for PAC Training Program.



Acknowledgments

Workshops provide an effective means of bringing multiple people together to work collaboratively towards a goal. Their combined experience and energy creates a stimulating atmosphere and a stronger final product as happened on 31 May 2004 during the *Development of a Comprehensive PAC Package II* workshop.

TAHSEEN/CATALYST would like to thank the numerous workshop participants who gave of their time and expertise to provide valuable input to the development of the Comprehensive Postabortion Care package. Their knowledge, insights and suggestions will serve to improve the quality of care offered to Egypt's present and future citizens.



Acronyms

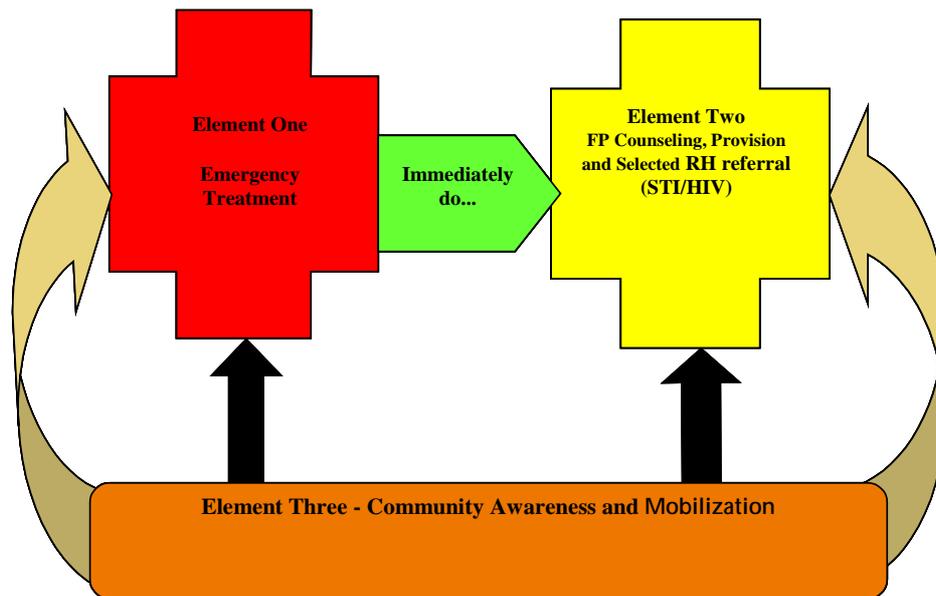
BCC	Behavior change communication
CBT	Competency based training
D&C	Dilatation and curettage
FP	Family planning
HIS	Health information systems
HM/HC	Healthy Mother/Healthy Child
IEC	Information, education and communication
IP	Infection prevention
MOHP	Ministry of Health and Population
MVA	Manual vacuum aspiration
OCP	Oral contraceptive pills
PAC	Postabortion care



Introduction

TAHSEEN/CATALYST is preparing a comprehensive postabortion care (PAC) package for the review and approval of MOHP. This package includes materials for the three PAC elements (see Figure 1):

Figure 1: USAID's Essential Elements of PAC Model



Specifically, the recommended *Comprehensive PAC Package* include the following:

- Hospital assessment
- Community assessment (and involvement)
- Community behavior change communication (BCC) tools
- Standards of practice / protocols
- Competency based training (CBT) curricula (clinical, infection prevention, counseling)
- Systems to ensure sustainability of training
- Health information system (HIS)
- Logistics

As a first step, an initial workshop was conducted in March 2004 to determine the exact materials to use. The TAHSEEN/CATALYST project then applied these materials during clinical training for Minia General Hospital and for community work in Minia. Since the start of this clinical training, the number of participants has expanded to 25 doctors and 16



nurses of the Minia General Hospital. Training was followed up using a standard system to ensure its sustainability. The effects of training were evident in that manual vacuum aspiration (MVA) use increased from 0% to 83% while use of general anesthesia decreased from 100% to 15%. Also, counseling for postabortion patients is now conducted with almost every woman prior to her discharge from hospital. As well, FP commodities are now available in the ward for patients who request them.

Community activities are progressing apace. To date in Minia ten community activities have taken place reaching approximately 750 people. A radio program reached many more.

Workshop II Proceedings

Continuing the development of the Comprehensive PAC package, TAHSEEN/CATALYST organized a workshop to present to MOHP and other interested organizations the conducted activities and the *Comprehensive PAC Package*.

CATALYST has extensive experience worldwide in PAC and Dr. Miguel Gutierrez, Dr. Jhony Juarez and Dr. Enrique Guevara from CATALYST/Peru attended the workshop to present their experience with community involvement.

The workshop was held on May 31, 2004 at the Ramses Hilton Hotel. For workshop invitation, agenda and list of participants, see Annex 2.

Dr. Ton van der Velden opened the workshop with an overview of the plan for PAC activities by TAHSEEN/CATALYST. Dr. Sameh S. Sadek, from Alexandria University, described his hospital's contribution in the PAC training conducted for providers from Minia General Hospital. Then, Dr. Mostafa El-Shahed, Head of Minia General Hospital, presented the results of PAC training on managing postabortion patients as outlined above. For workshop handouts, see Annex 6.

Dr. Hala Youssef presented community involvement as a new component in PAC with the proposed plan and used tools. Leaders from the community in Minia governorate then described the different activities conducted. Lastly, Dr. Miguel Gutierrez presented the PAC community experience in Peru. Workshop handouts are presented in Annex 6.

Lively discussions ensued after the presentations.

The working groups then followed pre-set assignments to review the available materials and provide their recommendations.

In conclusion, it was decided that TAHSEEN/CATALYST would work on these recommendations to finalize the *Comprehensive PAC Package*.



Recommendations

National Protocol and Training Manual

Group I Participants:

Prof. Ezzedin Osman Hassan	EFCF
Dr. Safaa El Baz	RCT
Dr. Mohamed Abdel Aziz	TAHSEEN/CATALYST
Dr. Mohamed Fareed	MOHP, FP Sector
Dr. Ali Abdel Meguid	USAID
Dr. Osama Refaat	RCT
Dr. Magdy Zein	JSI

Participants in this group decided on the following:

- They approved the use of the Healthy Mother/Healthy Child (HM/HC) training manual and the emphasis on the use of MVA in postabortion cases during the first trimester. They agreed to add the counseling part of Ipas and EngenderHealth with adapted case studies, and the Ipas section regarding informed consent. Regarding infection prevention, they advised that the Ipas infection prevention part should be used with duplicate information removed.
- They agreed on the development of new wall charts. These charts are currently under development by the TAHSEEN Project.
- They agreed on the use of the PAC Reference Manual for Improving the Quality of Care as the national protocol after it is modified according to the recommendations made during the March Workshop. They also emphasized the modifications be consistent with the HM/HC training modules.



Follow-up Tools for Training and Systems

Group II Participants:

Dr. Abdel Fattah Kadah	MOHP, General Director of Hospitals
Dr. Hassan Nabih	MOHP, Population Sector
Dr. Elsayed Hafez	MOHP, Deputy General Director of Hospitals
Dr. Sameh Saad Sadek	Alexandria University
Dr. Mustafa El-Shahed	MOHP, Minia Governorate, Minia General Hospital
Dr. Bahaa Shawkat	RCT
Dr. Ton van der Velden	TAHSEEN/CATALYST
Dr. Jhony Juarez	Pathfinder International/CATALYST Peru

Participants in this group decided on the following:

- They suggested that follow-up visits to monitor the training activities should be conducted by:
 - ▶ Central office staff from the curative sector
 - ▶ Central office staff from the family planning sector
 - ▶ Trainer
- They suggested minor changes in the follow-up report (see Annex 1).
- They modified the medical record sheet (see Annex 1)



Tools for Community Involvement

Group III Participants:

Dr. Miguel Gutierrez	Pathfinder International/CATALYST Peru
Dr. Enrique Guevara	Pathfinder International/CATALYST Peru
Dr. Hala Youssef	Cairo University
Dr. Nahla Abdel-Tawab	Population Council
Priest Makarios Youssef	Minia
Sheikh Abdel Rahman Ammar	Minia
Mrs. Naglaa Saad	Minia
Mrs. Amal Safwat	Minia
Ms. Sylvia Sadek	Minia
Mrs. Amani Ezzat	Minia
Mr. Ahmed Galal	Minia

Participants in this group decided on the following:

- They suggested adding more information to the introduction given on the first community meeting. In addition to the hazards of abortion, they requested information about the types and causes of abortion. They suggested that the banners hung at the primary health care centers should also be available at community meetings for people to feel and notice that community leaders are speaking about these important health issues.
- They suggested the use of more pictures on the banners and that these pictures be more explanatory.
- They recommended modifications to the counseling brochure. The brochures should include more pictures and fewer words.
- They requested the following additions of other health messages to the postabortion subject:
 - ▶ Premarital examination
 - ▶ Antenatal care
 - ▶ Husband's involvement in family planning



Practices and Arrangements to Integrate FP Services within the OB/GYN Ward

Group IV Participants:

Dr. Essam Fasieh	MOHP, Population Sector
Dr. Ahmed Metwally	MOHP, MCH General Director
Dr. Atef Ezzat	MOHP, Minia Governorate, FP Director
Dr. Marcell Labib	MOHP, Minia Governorate, MCH Director
Dr. Shanturi M. Shanturi	MOHP, Minia Governorate, Minia General Hospital
Dr. Ahmed Abd El-Aziz	Alexandria University
Dr. Emad Darwish	Alexandria University

Participants in this group decided on the following:

- They noted that the current system lacks the necessary coordination between the curative sector and the family planning sector.
- As a means for creating linkages between the family planning and curative sectors, they suggested periodic meetings at the central level or coordination through the Safe Motherhood Committee (SMC) meetings. During such meetings, members would discuss how to initiate and supervise such an activity.
- They suggested that postabortion health care services could be linked to FP services by making FP commodities available at the OB/GYN ward. These commodities could be requested from FP clinics under the designation of "emergency drugs".
- They suggested that the counseling room could be used for FP service provision.
- They recommended that the registration of FP methods used should be the responsibility of the counseling nurse in the ward who would notify the FP clinic on daily basis.
- They noted that a column for registering FP use should be added to the medical record sheet of deliveries and postabortion care.
- They identified that monthly follow-up by central staff is needed to ensure proper registration.
- They recommended that an announcement be made to the community about the availability of FP services at the OB/GYN ward.
- They recommended that IEC materials used at the FP clinics should be available for use by nurses in the OB/GYN ward.



Annex 1: Workshop Results

Patient Medical Record for Cases of Incomplete and Inevitable Abortion before Twelve Weeks Pregnancy

Hospital Number:

Date of Admission:

(Q1) Presence of complications (Choose one)

Yes

No

Examples are excessive bleeding, shock, foul discharge, peritonitis, etc.

(Q2) Procedure: (Choose one)

D&C

MVA

MVA and D&C

(Q3) Anesthesia: (Choose one)

General

Local

Local and General

None

(Q4) Administration of sedatives and analgesics:

Pre-operative

During operation

Post-operative



(Q5) Occurrence of complications during operation: (Write yes or no for each)

____ Bleeding

____ Shock

____ Perforation

____ Other (specify)

(Q6) Counseling conducted? By whom? (Check the appropriate box)

Doctor

Nurse

Pre-operative

During operation

Post-operative

(Q7) Was family planning counseling conducted? (Check yes or no)

Yes

No

(Q 8) Was a family planning method provided? (Check one)

Yes

Patient referred to the family planning clinic

Patient wants to get pregnant

(Q9) If yes: which method: _____



Follow-up Report for PAC Training Program

The trainer must fill in most of the follow-up report. Hospital staff, however, can fill in Component 2 of the report. This report needs to be submitted to CATALYST as well as to the person responsible for the curative sector at the governorate level.

Component 1: Training

	TRAINING				
	Not trained	CATALYST course	Other course	In service	TOTAL
Doctors					
Nurses					
Others____					
TOTAL					

Comments: _____

Training Needs

	Yes / No
Designated trainers (TOT Group)	
Training materials present	



Component 2: Indicators

Clients Served

Month:				
Total Number of PAC clients				
% of clients presenting with complications				
% clients treated by MVA				
% clients treated by D&C				
% of clients treated under local anesthesia and no anesthesia				
% of clients with complications during procedure – MVA				
% of clients with complications during procedure – D&C				
% of clients who received pre-procedure counseling				
% of clients who received counseling during the procedure				
% of clients who received counseling after the procedure				
% of all clients referred for FP method				
% of all clients who received FP method				

Comments: _____



FP Methods Provided

Month:					TOTAL #	%
IUD						
Combination OCPs						
Injectable						
Condom						
Spermicide						
Progestin-only OCPs						
Tubal ligation						
TOTAL						

Comments: _____



Component 3: Organization of services

Does the program have the support of the hospital director?

Does the program have the support of the chairman of the OB/GYN department?

Are there providers (nurses/doctors) who are opposed to the program?

How is the collaboration with the FP clinic?



Resources

	Check when present
Program Resources	
Procedure manual for ambulatory care of incomplete abortion, including MVA	
Counseling Space	
Furniture	
Brochures	
Wall charts	
FP methods as examples	
FP counseling flipchart	
Clinical Space	
Existence of gynecological table	
Mayo table	
Instruments	
Equipment for D&C and/or MVA	
Medications in case of emergency	
Resuscitation equipment	
Oxygen	
Infection Prevention	



Component 4: Information system

	Yes/ No
Use of dedicated record sheet for postabortion patients	
Use of computerized records	
Adequate use of record sheets	
Daily maintenance of records	
Monthly or bimonthly presentation of information to all personnel	
Use of information in evaluation meetings	

Comments: _____



Component 5: Logistics

	Please check all appropriate
Only donated equipment is used	
Equipment purchased with own resources	
Equipment received from MOHP	
Maintain a list of providers of MVA equipment	

Comments: (identify name of equipment provider when possible)



Component 6: Action Plan

Problems remaining from old action plan	
Problem 1	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	
Problem 2	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	
Problems from self assessment	
Problem 1	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	
Problem 2	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	



Problems from indicators	
Problem 1	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	
Problem 2	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	
Problem 3	
Cause	
Decision or solution	
Employee responsible	
Date	
Expected results	



Annex 2: Workshop Documents

The Invitation

Dear colleagues:

As you are aware, TAHSEEN/CATALYST is partnering with the Ministry of Health and Population (MOHP) to prepare a Comprehensive PAC Package for MOHP review and approval. This comprehensive package of materials would range from detailed clinical guidelines for infection prevention (IP) and family planning (FP) counseling training for nurses to referral guides and community involvement guides.

As a first step, we conducted a workshop in March of this year to determine the exact materials to use. We then applied those materials in a clinical training for the Minia General Hospital and for community work in Minia.

We would now like to invite you to a second workshop in which we will report on these activities. We will also present the draft materials for your review.

Please join us in the workshop “*Development of a Comprehensive PAC Package II*” on May 31st 2004 in the Falcon room of the Ramses Hilton Hotel in Cairo. Registration will be open from 8:30 to 9:00. The workshop will be from 9:00 to 17:00.

Please find the draft agenda attached.

Warm regards,

Dr. Ton van der Velden

Quality Improvement Specialist

TAHSEEN/CATALYST



Workshop Agenda

May 31st, 2004, Ramses Hilton Hotel, Cairo

8:30 – 9:00	Registration
9:00 – 9:30	Overview of last workshop and activities since then Structure of the TAHSEEN package Ton Van der Velden
9:30 – 10:00	Postabortion care training in Alexandria Sameh Saadeldin Results from Minia General Hospital Mostafa El-Shahed
10:00 – 10:30	National PAC protocol and training manual, presentation of materials. Mohamed Abdel Aziz
10:30 – 11:00	Discussion
11:00 – 11:15	Coffee Break
11:15 – 12:00	Community involvement in postabortion care: Plan and tools Hala Youssef Experience of community leaders Priest Makarios, Sheikh Abdel Rahman, Mrs. Amal Safwat, Mrs. Amani Ezzat, Ms. Sylvia Sadek
12:00 – 12:30	Experience with community involvement in Peru Miguel Gutierrez, Peru
12:30 – 12:45	Discussion
12:45 – 2:00	Working Groups GROUP I: <i>National protocol and training manual</i> GROUP II: <i>Follow-up on training: Tools and systems</i> GROUP III: <i>Tools for community involvement</i> GROUP IV: <i>Practices and arrangements to integrate FP services within the OB/GYN ward</i>
2:00 – 3:00	Lunch
3:00 – 4:00	Presentations of working groups
4:00 – 4:30	Discussion
4:30 – 5:00	Closing remarks



List of Participants

Name	Organization	E-Mail
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Development of a Comprehensive PAC Package for MOHP

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