



## Best Practices in Egypt:

### Postabortion Care (PAC)

#### العلامات دي خطر و لو حصلت بعد العملية لازم تروحي للدكتور



- غممان نفس أوقيء
- حمى
- إفرارات مهبليية ليها رائحة كريهة
- نزيف شديد
- دوخة أو إغماء
- مقص جامد قوى مش ممكن تستحمله



كلنا هنا لخدمتك ورعاية صحتك

#### بعد ما تروحي البيت اعملي بالنصايح دي:

١- تترتاحي كويس لكن ممكن تقومي ببعض الأعمال الخفيفة في البيت .



٢- تاكلي الغذاء الجيد اللي بيحتوي على الحديد زي اللحوم - الخضراوات الورقية - العسل الأسود- الفواكه الطازجة .



٣- ممكن ترجعي للعلاقة الزوجية بعد ما الدم والافرازات تقف وتكوني مستعدة نفسيًا .

٤- بس خلى يالك انه ممكن يحصل حمل ثاني في خلال اسبوعين من عملية فقدان الحمل .



٥- اوعي تنسي تاخدي الادوية اللي كتبها لك الدكتور بانتظام .



PAC Poster

The CATALYST Consortium is a global reproductive health and family planning activity initiated in September 2000 by the Office of Population and Reproductive Health, Bureau for Global Health of the United States Agency for International Development (USAID). The Consortium is a partnership of five organizations: Academy for Educational Development (AED), Centre for Development and Population Activities (CEDPA), Meridian Group International, Inc., Pathfinder International and PROFAMILIA/Colombia. CATALYST works in reproductive health and family planning through synergistic partnerships and state-of-the-art technical leadership. Its overall strategic objective is to increase the use of sustainable, quality reproductive health and family planning services and healthy practices through clinical and nonclinical programs.

### **Mission**

CATALYST's mission is to improve the quality and availability of sustainable reproductive health and family planning services.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## **Best Practices in Egypt: Postabortion Care (PAC)**

### **THE NEED**

Abortion is legally restricted in Egypt. It is permitted only when a woman's life is threatened, and is considered unacceptable by religious authorities. Nonetheless, findings from a 1993 study found that approximately 26 percent of all women aged 35-60 had had one or more spontaneous or induced abortions.<sup>1</sup> Because of this high incidence of abortion, there is a great need for postabortion care (PAC) in Egypt. In fact, a 1997 study of 89 public hospitals in Egypt found that postabortion complications<sup>2</sup> accounted for 19 percent of all OB/GYN admissions, or approximately 340,000 women each year.<sup>3</sup>

Although the number of women who seek PAC services is large, evidence from around the world suggests that many women who experience postabortion complications never receive care. These women may experience long-term health consequences; they may even die. The Prevention of Maternal Mortality Network's "**Three Delays Model**" identifies three delays that can occur in obtaining emergency obstetric care—a delay in deciding to seek care, in reaching a first referral level facility, and in actually receiving care. Best practices in safe motherhood programming have demonstrated the importance of minimizing these three delays. All actors on the pathway to care must work toward a common end if a woman is to receive the services she needs in a timely manner. Families, local providers, communities, and women themselves must be aware of the danger signs of obstetric emergencies, and everyone must be prepared to facilitate a woman's access to services. When she arrives at the facility, providers must be prepared to offer good quality services immediately. Contemporary best practices in PAC programming put the same emphasis on minimizing delays in receiving care:<sup>4</sup>

- At the community level, programs should seek to increase community awareness of the need for and availability of PAC-related services—including services for *treatment* (PAC) and *prevention* (family planning services) of postabortion complications—with the goal of facilitating access to those services and helping ensure that services respond to community members' needs.
- At the facility level, services should include three components: (1) *emergency treatment* of postabortion complications, (2) *counseling* on PAC treatment and family planning while at the same time facilitating provision of FP methods (direct provision or referral for FP), and (3) *referral* for sexually transmitted infections (STIs) and HIV/AIDS counseling and testing. Depending upon their capacity for health care provision, some facilities may provide only selected components of PAC services. For

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<sup>1</sup> National Population Council/Research Management Unit and Suez Canal University, *Women's Health Problems in Egypt: Focusing on Cancer of the Cervix*, Final report 2003.

<sup>2</sup> The term "postabortion complications" refers here (and hereafter) to all medical conditions for which women receive postabortion care, including spontaneous abortion and complications of spontaneous or induced abortion.

<sup>3</sup> Egyptian Fertility Care Foundation and The Population Council, *Postabortion Case Load Study in Egyptian Public Sector Hospitals*, Final Report, 1997.

<sup>4</sup> PAC best practices are outlined in the United States Agency for International Development's PAC Strategy (2005).

example, in many countries, primary care facilities serve as a link between the community and the hospital. Community members seek care at the primary care facility first, and primary care providers can stabilize and refer clients with postabortion complications to hospitals for treatment; after the PAC visit, primary care facilities can also serve as a site for follow-up and provision of FP counseling and methods to space or prevent subsequent pregnancies.

In Egypt, many women do not receive adequate PAC due to barriers at both the community and facility levels. Often women are not able to decide to seek care on their own. In Upper Egypt where TAHSEEN works, husbands and mothers-in-law are the main family decision makers; if they do not recognize the urgency of a situation of postabortion complications, women may not be able to access care. At the hospital, uterine evacuation is usually performed using dilation and curettage [D&C]. In recent years, international organizations working in PAC have recognized the manual vacuum aspiration (MVA) technique as a best practice for treatment of incomplete abortions. The procedure is safer for the client, reduces the cost of PAC services for both the client and the facility, and it can be performed effectively in low resource settings. D&C requires general anesthesia and therefore a longer hospital stay. In contrast, MVA can often be provided using local anesthesia, therefore recovery time is very short and clients can safely leave the hospital within a matter of hours. MVA equipment also costs less than D&C equipment, and treating a client costs less because of the shorter hospital stay.

An additional shortcoming of PAC services in Egypt is the lack of family planning counseling and method provision. Postabortion care and family planning services are provided by different sectors of the MOHP, and there has traditionally been a lack of integration between different services. Most PAC clients do not receive family planning counseling. Even if they do receive counseling, family planning methods are not available on the OB/GYN ward where PAC services are provided. Additionally, since PAC is provided in an emergency (24-hour) setting and family planning is not, many clients do not receive FP methods because the FP clinic is closed when they are discharged from the hospital.

## **THE TAHSEEN SOLUTION**

To address these needs, TAHSEEN, in collaboration with the Ministry of Health and Population (MOHP), initiated a PAC program in March 2004 that introduces best practices in PAC to Egyptian facilities and communities. Experience elsewhere suggests that PAC can be a sensitive topic, especially in conservative areas, such as in Upper Egypt. To maximize community interest in reducing the “three delays,” TAHSEEN introduced PAC as part of a comprehensive, integrated reproductive health and family planning program, designed in collaboration with community members. TAHSEEN had already created trust through earlier family health activities that showed results and demonstrated TAHSEEN’s collaborative approach and sincere respect for local practices, concerns, and priorities. As a result, when TAHSEEN first introduced PAC as a health topic warranting discussion and action, everyone involved—from policymakers and government officials, to physicians, community leaders and clients—knew that TAHSEEN’s objective was to work with them to protect the lives of women and children,

in a manner that was respectful of their needs and consistent with the legal and religious context.

TAHSEEN's approach to introducing PAC included initiatives at the policy, service delivery, and community levels:

### **1. Integrating Postabortion Care into National and Local Policy.**

- **Collaboration with the MOHP.** With the goal of building support for the PAC program and developing a program that could be easily integrated into national policy, TAHSEEN conducted a series of workshops with the MOHP and other national stakeholders—including the Curative, Maternal and Child Health (MCH) and Family Planning and Population (FP) sectors of the MOHP, USAID, universities and the Egyptian Fertility Care Foundation (EFCF)—to decide how and with whom the PAC program would be implemented. Workshop participants identified Safe Motherhood Committees, district hospitals, primary care providers and community members as local program stakeholders. Following the initial workshop, TAHSEEN developed a National Comprehensive PAC Package that included tools for working with each group of stakeholders.
- **Collaboration with Safe Motherhood Committees.** Safe Motherhood Committees (SMCs)—comprised of senior public health and medical officials—operate at the national, governorate and district levels. These committees identify problems that contribute to maternal mortality and propose solutions to those problems. TAHSEEN collaborates with SMCs at the governorate and district levels to implement the program, but at the governorate level the SMC has a unique role. Because of its familiarity with the social and political structure of the governorate, the SMC has been TAHSEEN's first point of contact in launching the program; it has helped TAHSEEN identify (1) the hospitals in which PAC services can be initiated and (2) community leaders and local NGOs that can spread awareness about PAC in their communities.

### **2. Service Delivery Improvement**

- **At the District Hospital.** To address the delay in receiving care, TAHSEEN adapted existing curricula to design a six-day training for physicians and nurses. The training emphasizes the importance of teamwork among PAC providers; the role of district-hospital physicians is primarily to provide emergency treatment, while nurses provide counseling before, during, and after the procedure. The TAHSEEN training also introduces MVA, and physicians are trained to use MVA when medically appropriate. Training also emphasizes infection control. All physicians and nurses on the OB/GYN wards are trained to facilitate counseling; TAHSEEN collaborated with community stakeholders to develop brochures that provide clients with information about how to care for themselves upon their return from the hospital, and about family planning. The involvement of the community members helped ensure the cultural appropriateness and effectiveness of the brochures.
- In addition to providing training, TAHSEEN engages hospital staff in developing action plans for improving the PAC services at their hospital. TAHSEEN conducts focus group discussions (FGDs) with PAC clients so providers can learn what clients

think about how the quality of PAC can be improved and design action plans that respond to clients' needs.

- **Service Delivery Improvement at the Primary Care Level.** Primary care providers are the link between the community and the hospital. They can contribute significantly to reducing the three delays and can also follow up with PAC clients and participate in community-awareness campaigns. TAHSEEN trains providers at all primary care facilities within the district to recognize danger signs associated with postabortion complications, to stabilize the client, and to immediately refer her to a hospital where PAC is provided. The training also covers essential follow-up care, including FP counseling and method provision.

### 3. Building Community Capacity to Address the Problem of Postabortion Complications

- **Raising Community Awareness.** To address the delay in seeking care, TAHSEEN trained religious leaders, traditional birth attendants, midwives, local physicians, schoolteachers, literacy trainers, media specialists, and other respected community members to facilitate PAC community awareness sessions with women, men, and youth. Training focused on four key messages:
  - ▶ Bleeding during pregnancy is an obstetric emergency and requires immediate medical attention.
  - ▶ Women who experience bleeding during pregnancy need support from their families and communities, both to reach the facility and upon their return from the hospital.
  - ▶ Return to fertility for postabortion clients is different from return to fertility after a delivery; postabortion clients who do not want to become pregnant again should initiate use of a family planning method as soon as possible but at least within 7 days of the event.<sup>5</sup>
  - ▶ Postabortion clients who want to become pregnant should wait at least six months before trying to become pregnant again, and should use an appropriate family planning method for spacing.

TAHSEEN provides community leaders with information, education and communication (IEC) materials—posters and facilitator guides—for use in community-awareness sessions. Community leaders assume ownership of community awareness activities, coordinating activities on their own with minimal support from TAHSEEN. TAHSEEN also integrates PAC messages into its BCC activities, which include plays for all community members and puppet shows for women and children.

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<sup>5</sup> In Egypt Standards of Practice (SOP), the recommendation is to start an FP method 15 days postabortion. CATALYST recommends that an effective family planning method be initiated immediately after or no later than 7 days in order to prevent an unwanted pregnancy. CATALYST is working with MOHP to update its SOP.



PAC counseling brochures

- **Strengthening Transportation to Facilitate Access to Care.** To address the delay in reaching a first referral level facility, TAHSEEN works with community leaders to identify transportation options for women who need emergency care. If community leaders identify cost as a barrier to transportation, they may establish emergency transportation funds by soliciting donations from local businesses. TAHSEEN also collaborates with local governorate officials to identify and train transport workers—for example, taxi, bus, and mini-bus drivers. Through this training, among other topics, drivers learn about (1) the danger of a delayed response to obstetric emergencies, including postabortion complications; (2) community expectations that they promptly deliver women with emergency complications to facilities; and (3) emergency transportation funds.

### Program Ownership by Stakeholders

- The TAHSEEN PAC program includes intensive monitoring and follow-up with each stakeholder. TAHSEEN meets monthly with the SMC to review actions, identify problems, and develop solutions. It also holds monthly meetings with district hospitals to provide on-the-job training, and to discuss action plan progress and key indicators, which include the percentage of clients (1) treated using MVA, (2) receiving counseling and (3) receiving either an FP method on site or a referral for a method. Finally, TAHSEEN meets on a bimonthly basis with community leaders to discuss action plan progress and to allow leaders to share their experiences conducting community awareness sessions and discuss potential solutions to problems they may have encountered. Follow-up with each of these groups is essential to the institutionalization of both (1) action plan development and (2) periodic review of action plan progress. Stakeholder ownership of these processes is essential for program sustainability.

- Another component of the sustainability plan is building capacity for training within the hospitals. Toward the end of the first year of the hospital intervention, TAHSEEN began training MOHP providers as trainers so they could train the new residents who arrive each year. This is important, as PAC cases in Egypt are inevitably assigned to the newest and youngest physicians because of their junior status.

## RESULTS

TAHSEEN conducted its first PAC training in March 2004. By June 2005, 241 physicians and 178 nurses working in the OB/GYN wards in 14 hospitals—one each in eleven districts in the Minia, Fayoum, and Beni Suef governorates, two in impoverished urban areas in Giza Governorate and one in an impoverished urban area in Cairo—had participated in PAC training and developed action plans. A total of 239 primary care doctors and 213 primary care nurses have been trained to identify when women need emergency care and refer them to the hospital immediately, and over 12,600 community members in at least 54 communities have learned how to provide support to women who need and receive PAC. Together, interventions at these three levels have increased the availability, use, and quality of PAC services:

- **Change in national clinical standards.** As a result of collaboration with national-level stakeholders, PAC has been included in the updated *Clinical Standards of Practice for FP and RH Clinical Service Provision*, which was approved in early 2005.
- **Change in clinical practice.** Between July 2004 and June 2005, 3,495 clients received PAC services at 12 of the program hospitals. Sixty-four percent were treated using MVA and 42% were treated using local anesthesia; both of these figures increased from virtually 0% prior to the program.
- **Increased family planning counseling and method provision.** Because the MOHP manages PAC and family planning services through separate vertical sectors, family planning methods are not available in the OB/GYN wards where PAC is provided. Nonetheless, of the 3,495 PAC clients who received services at program hospitals between July 2004 and June 2005, 66% (2,290) received counseling on FP; 10% (348) received an FP method prior to discharge and 42% (1,461) received a referral for FP services upon discharge. The percentage of clients receiving methods prior to discharge has also increased considerably during the first year of programming. In July 2004, 14% of clients (11/77) received a method prior to discharge at three hospitals; in June 2005, 24% (99/420) received methods at 11 hospitals.<sup>6</sup> TAHSEEN is currently conducting operations research in collaboration with the Population Council to determine whether contraceptive uptake is higher when PAC clients receive contraception at the point of service rather than through a referral. Data collection for this study should end in early 2006. If results indicate that contraceptive

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<sup>6</sup> The percentages were lower during some of the interim months, particularly immediately after services had been scaled-up to additional facilities.

provision at the point of service is best, the MOHP has agreed to make contraceptives available to PAC clients in all OB/GYN wards of all hospitals in Egypt.

- **Dissemination of PAC messages to community members.** The program has successfully engaged community leaders in spreading awareness about PAC. By the end of June 2005, the model had been fully implemented in 54 communities (villages) in 10 districts in the three governorates in Upper Egypt. Community participants have included groups of women, men, and adolescents, as well as mixed community groups. More than 12,600 people have been reached in 246 sessions, engendering change in community knowledge and awakening interest among both community leaders and community members about RH issues in general. A pre/posttest carried out with 1,474 awareness-session participants showed that knowledge about when fertility returns postabortion increased from .7% to 99.7%; and the percentage of participants who knew which FP methods could be used postabortion increased from 0% to 99%. Involvement of religious leaders and literacy trainers has been an effective means of reaching community members where they gather. Religion plays a vital role in Egypt, particularly in rural, conservative areas. Religious leaders have spearheaded PAC-awareness activities in mosques and churches, and Muslim and Christian leaders have united to hold public meetings attended by persons of both faiths. This strategy has been so successful that TAHSEEN has begun involving female religious leaders as well. Over 220 have been trained and they have reached an additional 6,000 women with messages. In household surveys in five sentinel communities, more women chose to receive PAC from a public sector hospital or a PHC center rather than from a private clinic (from 14.7% to 54.2%,  $p < 0.01$ ). Women reported that counseling for FP increased in both public sector (from 20 to 63%) and private sector facilities (from 29% to 40%, both  $p < 0.01$ ).
- **Establishment of emergency transport funds.** At least three communities now have emergency transportation funds that can be accessed by women who experience postabortion complications. As noted previously, funds are established only in communities where community leaders identify the need for those funds.
- **Rapid scale-up of PAC program.** In its first year, the TAHSEEN PAC program has helped transform the way that PAC services are provided in 14 hospitals, involving primary care providers in facilitating access to PAC services, and engaging a wide variety of community leaders in 54 communities in improving access to and quality of services.
- **Sustainability.** Local MOHP officials have taken the initiative to scale-up this program to four additional districts in Beni Suif Governate and to five districts in Aswan Governorate.



