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The USAID PAC Strategy: Where We Are Now

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Moving Forward with Postabortion Care Meeting

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Historical Background

- **Began support of PAC programs in 1994**
- **Global evaluation in 2001**
- **Formation of PAC Strategy – 2002 to 2003**
- **Selection of focus countries – 2003**
- **Implementation of PAC Strategy – 2003 to 2008**



Key Themes

- **Expand and institutionalize PAC at the country level**
- **Identify successful models in focus countries**
- **Compile research on PAC**
 - identify further research needs
 - provide information to donors to mobilize global resources
- **Monitoring and evaluation**



Planned Achievements

- **Standardized tools for :**
 - **Training**
 - **Guidelines**
 - **Policies**
 - **indicators**
- **Successful models developed**
- **PAC mainstreamed within USAID's portfolio**
- **Increased global support for PAC**
- **All of the above resulting in improved women's health**



Results of PAC Strategy Implementation

USAID's Postabortion Care Model

Three Core Components of Postabortion Care





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Development of Model, Strategic Framework and Indicators



PAC Strategic Framework: Global Indicators

PAC Strategic Goal

Reduced maternal mortality, morbidity, and repeat abortions through the advancement and support of FP and RH programs worldwide

PAC Strategic Objective

Advance and support the increased use of PAC with particular emphasis on FP counseling and services

Indicator

Percentage of PAC programs with integrated family planning counseling and services

IR 1: Global Leadership

demonstrated in PAC policy, advocacy, and services

- 1.1 Number of countries with the existence of policies, plans, and guidelines that promote access to and/or quality PAC
- 1.2 Number of organizations or programs with changed policies to support PAC services

IR 2: **Knowledge** generated, organized, and communicated to advance best practices in PAC

- 2.1 Number of identified and documented best practices in PAC
- 2.2 Global PAC Resource Package developed, including standardized training materials, guidelines, and service delivery indicators

IR 3: State-of-the-art PAC practices **supported** at all service delivery levels through community empowerment via community awareness and mobilization practices

- 3.1 Number of USAID Missions with quality strategic or operational plans that include postabortion care services
- 3.2 Number of partners that use the Global PAC Resource Package to improve or initiate PAC services or programs



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Results by Strategic Framework

**IR 1: Global leadership
demonstrated in PAC policy,
advocacy and services**

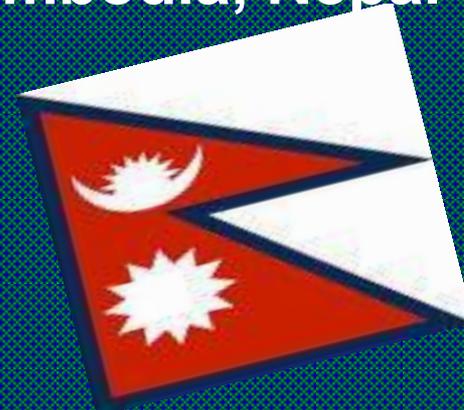


IR 1: Global Leadership Demonstrated in PAC policy

- IR 1.1 - Number of countries with existence of policies, plans and guidelines that promote access to quality PAC services
- IR 1.2 – Number of organizations or programs with changed policies to support PAC programs



- IR 1.1 - National PAC policy completed in Cambodia, Nepal





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Results by Strategic Framework

**IR 2: Knowledge generated,
organized and communicated to
advance best practices in PAC**

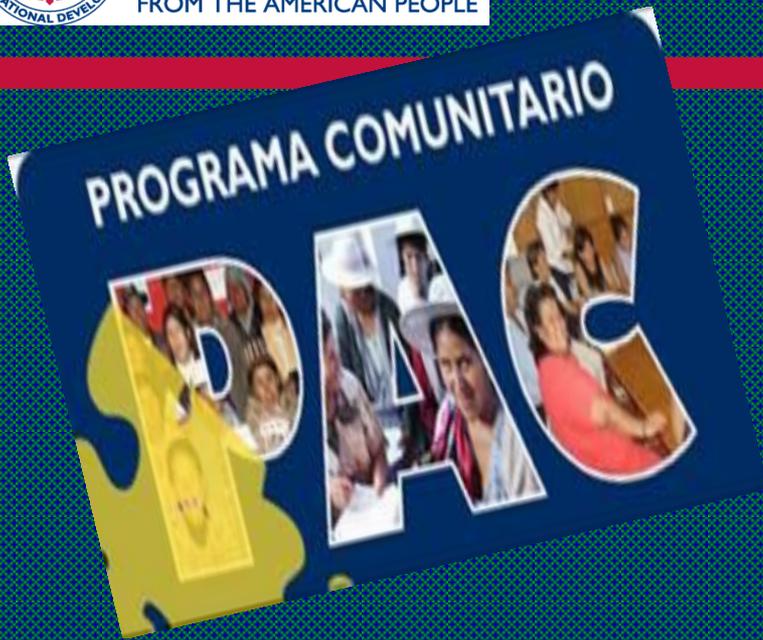


IR 2 – Knowledge Generated, Organized and Communicated to Advance Best Practices

- 2.1 – Number of identified and best practices in PAC
- Identified practices:
 - Postabortion FP counseling
 - PAC community mobilization
 - Decentralization
 - Structured OJT



2.1 – Number of Identified and Best Practices in PAC – Community Empowerment



- Activity initiated in Bolivia, replicated in Kenya, Senegal and Peru; adapted in Egypt
 - (CATALYST, ACQUIRE, Christian Children’s Fund)
- 26,000 community residents directly reached
- Resources leveraged in all countries
- Activities scaled in Bolivia and Kenya, Senegal
- National documentary done and shown in Bolivia
- Assessment/desk review completed
 - Bolivia (ACQUIRE)
 - Kenya (ACQUIRE)



2.1 – Number of Identified and Best Practices in PAC - Decentralization

- **Scaled up PAC services from 8 to 23 districts in Senegal (Bilateral-MSH)**
- **Pilot program implemented, assessed and scaled up nationally in Tanzania (ACQUIRE)**
- **Eleven health centers with expanded service delivery hours established in Nepal (Bilateral-NFHP)**
- **Assessment of decentralization in Senegal and Tanzania completed (Frontiers)**
- **Assessment of PAC in six Francophone countries completed (Frontiers)**



IR 2 – Knowledge Generated, Organized and Communicated to Advance Best Practices

- 2.1 – Number of identified and best practices in PAC Research
 - Technical Advisory Panel Report completed
 - Postabortion FP Study
 - completed in Egypt on postabortion and postpartum FP; best practice for FP counseling identified (FRONTIERS)

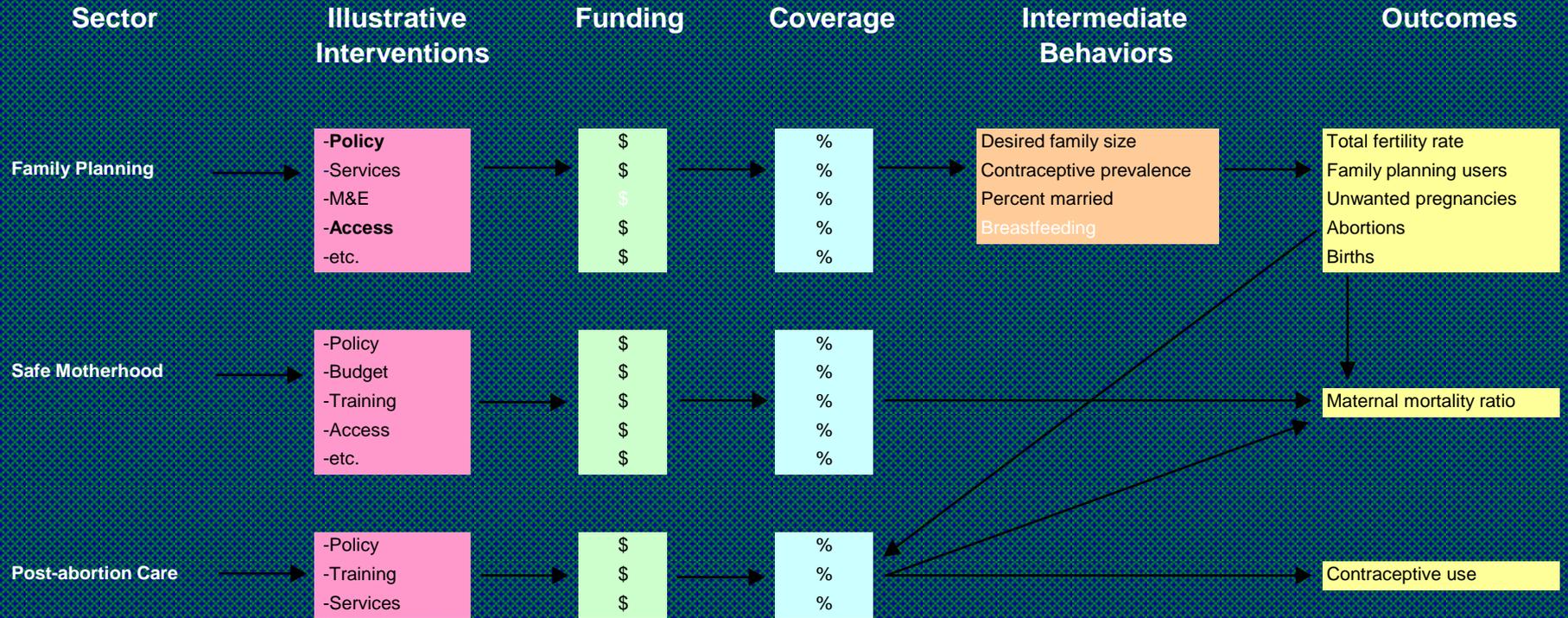




The ALLOCATE MODEL

Projecting Costs for PAC

Resource Allocation for Reproductive Health Action Plans



Note: There is no separate component for adolescents. They will be examined separately within each component.



2.2 – Global PAC Resource Package developed including standardized training, service delivery guidelines, communication materials



– Package completed available in French, Spanish, English, Russian

– Available on CD, internet, limited hard copies\

– Videoconference launch in June 2007 with 125 participants from 5 countries

– 73,000 hits to website since July 1 2007; 41% international users

Postabortion Care Global Resources

Welcome to the PAC Global Resources site

Postabortion Care (PAC) Global Resources are lorem ipsum sit interdum viverra dolor. Pellentesque justo neque, morcus mattis, volutpat quis, aliquam sit amet, nisi. Sed non justo. Praesent nec iaculis dolor ad ipsum. Nunc convallis volutpat nulla. Ut quam nibh libero, viverra ac, sodales suscipit, egestas et. [more...]

- **About Package:** Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vivamus tortor.
- **Research:** In hac habitasse platea dictumst. Nam ultrices tempus quam. In incidunt sem.
- **Strategies:** Sed enim purus, sollicitudin in, elementum quis, placerat vel, augue. Praesent lorem.
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- **Training:** Cras dapibus auctor tortor. Vivamus tempor, eros nec placerat tincidunt, arcu vestib ibendum risus, ac.
- **Service Delivery:** Donec odio nulla, commodo morcus, hendrerit a, elementum in, turpis. Nulla cursus.
- **Communication Materials:** Nulla pretium. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur pellentesque risus mollis neque. Morbi.
- **Community Mobilization:** Aliquam auctor auctor du. Integer pellentesque risus mollis neque. Morbi.

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Results by Strategic Framework

IR 3. SOTA PAC practices supported at all levels of service delivery via community empowerment through community mobilization



- **3.1 Number of USAID missions with quality strategic and operational plans that include postabortion care**
 - Tanzania, Cambodia, Nepal, Senegal, Bolivia
- **3.2 – Number of partners that use the Global Resource Package to improve or initiate PAC services**
 - ESD, John Snow, ACQUIRE, ACCESS, ACCESS FP, Ministries of Health in Tanzania, Cambodia, Nepal; USAID/Bolivia

Currently completing mission survey on PAC

New Indicator in Element – Investing in People

ELEMENT IP-17P/RH	
INDICATOR IE-Rotation Family Planning	
DEFINITION- Of those women receiving emergency treatment by either a shop or village or vaccination from complications of miscarriage or unsafe abortion, the number and percentage who received a Phaludipiroctol dose from the facility	
RATIONALE- Rotation Phaludipiroctol dose is preferred over depot injectables and rotation	
UNIT- counts of women presenting to a health facility (health center, dispensary, hospital) for emergency treatment of complications of miscarriage or incomplete abortion	DISAGGREGATED BY
THE QUANTITATIVE OUTCOME- Number = output; percentage = outcome	DIRECTION OF CHANGE Higher is better
DATA SOURCE- service statistics from health facilities providing PAC services	
MEASUREMENT NOTES- This information is to be collected on women who receive a shop or village or vaccination (clinic, shop or primary and village or vaccination) for emergency treatment of complications of miscarriage or incomplete abortion	



Where do we go from here?

- **PAC is now a technical priority for PRH office as integral part of FP-MNCH**
- **Conducting country survey to assess PAC programs and their needs**
- **Joint planning with partner CAs for scale-up**
- **Deliberately work to strengthen postabortion and post emergency obstetric FP**
- **Replicate proven models**
- **Work with FIGO, ICM, WHO**