Postabortion Care for Refugee Women in Ethiopia

Report on an assessment done in February 2002

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Accelerating the pace of change in support of women's reproductive health and rights

CONTEXT

- Refugee influx from Sudan
- CPR: 5.4%
- STDs: 12.4% (1999)
- All health facilities treat incomplete abortion cases

BACKGROUND

- Postabortion care (PAC) identified for intervention
  - Emergency treatment, FP, integration, linkage

- Government, UNHCR Country Office and Ipas signed Agreement

Objectives of Assessment

- Determine quality of PAC for refugee women in western Ethiopia camps
- Identify PAC intervention options

ASSESSMENT METHODS: (1)Questionnaire

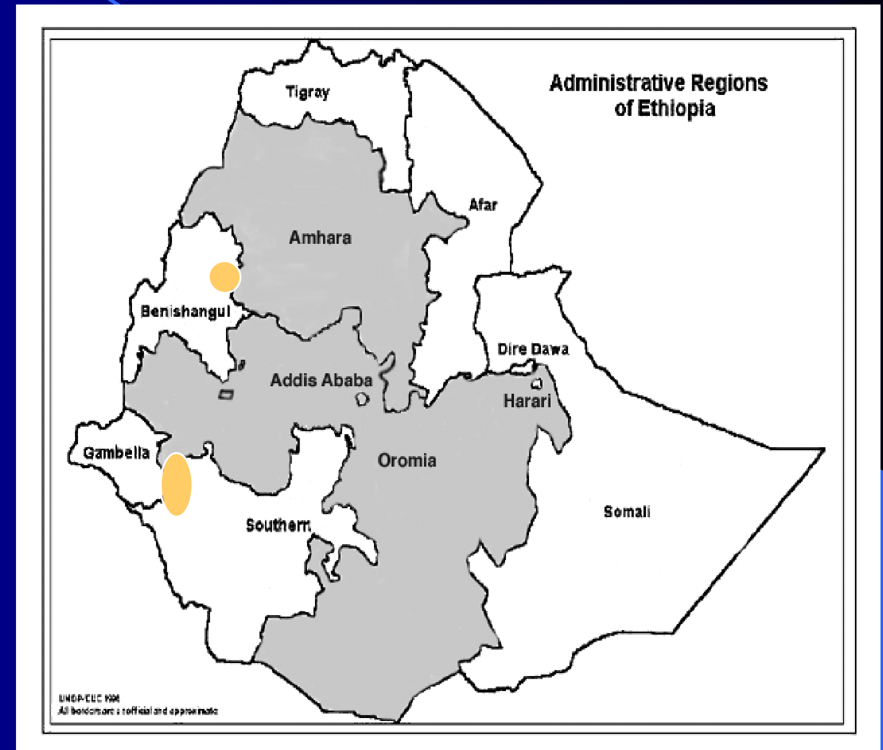
- Questionnaire for interviewing:
  - Refugee camp officials (general)
  - Health workers (service delivery)
  - Women's groups (community)

Assessment Methods: (2)Observation

- Walkthrough observation of health facilities
- Checklist: to guide observation

FINDINGS: General

- Four refugee camps (4)
- Population: 73,177
  - >98% Sudanese
  - ~ 20% women in reproductive age
  - Termination of unwanted pregnancy not allowed



FINDINGS: General (continued)

- 4 health centers in the 4 camps
- Staff: almost exclusively Ethiopians
  - GPs, nurse/midwives +others
  - Male interpreters
- 3 referral hospitals (Government)
- High staff turnover (especially GPs)
- CHAs and TTBAs–all refugees

FINDINGS: Health Centers

- Health facilities well equipped for basic services
- No one trained in comprehensive model of PAC service delivery
- No standard protocol on PAC
- Poor recording and reporting
- MVA equipment not available

FINDINGS: PAC in Health Centers

- 75 abortion patients in one year
- All treated with sharp curettage
- Only 13% received postabortion family planning methods
- Poor infection prevention
- Weak linkage to RH/STI services

FINDINGS: Referral Hospitals

- Only 1 of the 3 hospitals has MVA equipment

- Only one GP trained in MVA and comprehensive PAC service delivery

CONCLUSIONS

- Good health service organization
- Potential for comprehensive PAC exists
- Lack of staff trained in PAC
- High staff turnover
- Lack of MVA equipment
- Poor recording and reporting

RECOMMENDATIONS: Rationale

Upgrade PAC service delivery to:

- Bring quality care closer to refugee women & host community
- Minimize cost (transport and hospitalization costs)
- Reduce inconveniences to refugee women

RECOMMENDATIONS: Specific Interventions

- Train MDs and midlevel providers
- Train refugee health workers
- Assign female interpreters
- Provide MVA equipment & supplies
- Strong M & E (timely feedback & support)

PROJECT INTERVENTIONS

In Hospitals and HCs:

- 7 MDs trained in PAC
- 7 nurse/midwives also trained
- Training in record keeping
- Equipment & supplies provided
- Provision of logbooks

Monitoring and Evaluation

- **Follow up site visits**
- **Review of reports**
- **Post intervention assessment**

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