Post-Abortion Care Training for Health Workers in a Refugee Setting: Lessons Learned

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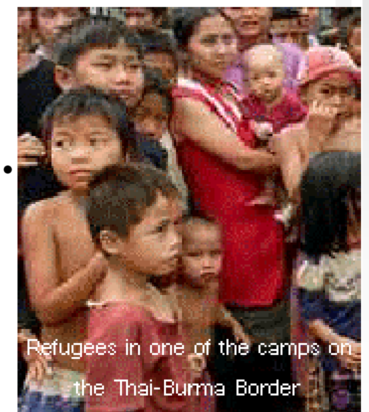
Need for PAC in refugee settings

- Abortion complications occur **everywhere** (refugee situations, increased need)

- Donor agencies recognize the need for PAC services (UNFPA provides emergency equipment and supplies for management of abortion complications).

- No mechanism to train relief workers


Refugees in one of the camps on the Thai-Burma Border

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Abortion & PAC

- Abortion is illegal in Thailand and Burma, women have no access to safe abortion, and self-induced abortion occurs frequently in the refugee community.

- Due to socio-cultural reasons, women often delay visiting post-abortion services until complications have progressed considerably.

Mae Tao Clinic- a snapshot

- Dr. Cynthia Maung founded the clinic in 1989 in response to the need for medical services created by the 1988 military violence
- Client load shifted from students to refugees and migrant workers
- Over 2 million unregistered Burmese refugees work in Thailand

Health services at Mae Tao clinic

- Clinic's RH OPD receives 50-60 patients per day
- Inpatient department has 18 beds for post-delivery care, post-abortion care, and other services

Post Abortion at Mae Tao clinic

- In 1999, 277 women presented themselves at the clinic with complications of abortion.

- **In 2001**, the number of women visiting the clinic with post-abortion care **needs had doubled.**

- 23% were young women under 20 years of age and one out of five had at least one previous abortion.

Who conducts PAC training in refugee settings?

Mae Tao Clinic
A Voluntary organization that provides clinical services to refugees on Thai-Burmese border

An agency partnership

EngenderHealth
a technical assistance agency with extensive experience providing PAC training in a variety of country settings

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Step #1:

Prioritize where to work

Critical considerations when selecting a site:

- Is there a sufficient caseload to merit and support a training event?
- How does this PAC mesh with the agency's mission and capacity?

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Step #2

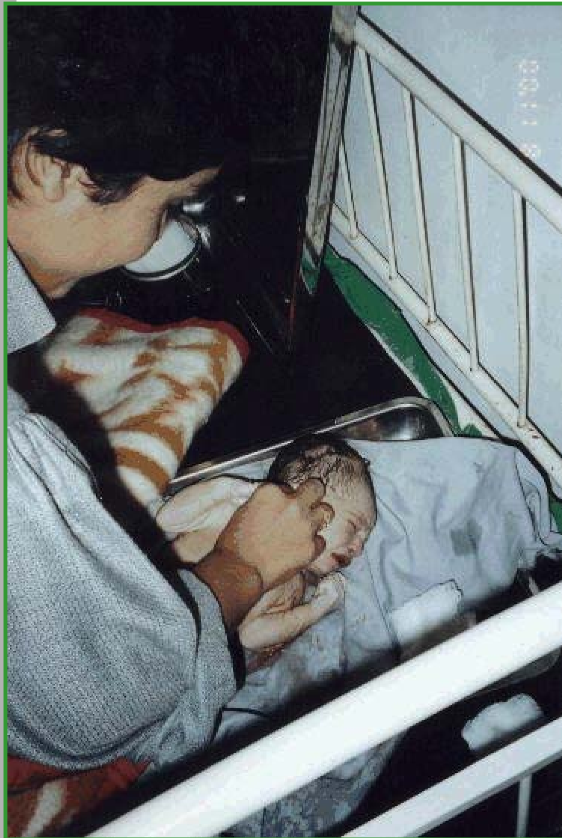
Visit the communities being served

To understand the on-going referral mechanisms and how they can be best utilized to meet women's needs, all technical assistance organizations must:

- Become familiar with the primary care services offered in the camps and the surrounding community
- Make visits to homes to gain additional insight into women's health needs and access to health care

Step #3

Introduce comprehensive programs



Community members accessing care could also benefit from:

- improved infection prevention practices
- safe motherhood and male involvement initiatives
- introduction of quality improvement tools and approaches, such as COPE, whole site training, and facilitative supervision

Train a "lead" provider in clinical skills

Where caseload is erratic or low:

- Select a lead trainee/trainer to do majority of practice cases
- Lead trainee can obtain further hands-on experience via intensive clinical training at a higher volume site, and can then share skills with other providers through on-the-job training

- **Result:** One provider is sufficiently trained to develop others' clinical skills

Quality of Care for PAC

- Access to services
- Appropriate technology
- Equipment, supplies, medications
- Technical competence
- Information and counseling
- Interactions between women & providers
- Linkages to family planning and other reproductive health services

PAC Program Strategy Goals

- Increase access to high quality PAC services
- Establish competence and leadership to ensure high quality postabortion care services
- Ensure that all women who do not want to become pregnant following abortion leave the facility with a method of contraception

Lessons Learned

- Tailor PAC services and activities to the specific environment
- Introduce non-technology components of PAC first
- Change of attitude necessary for quality PAC programs
- Broaden PAC counseling content beyond family planning

Lessons Learned

- Orient all site staff to PAC activities
- Enlist supervisors from the onset
- Research pain management needs
- Focus on adolescents and men
- Think sustainability

Programming Considerations

- Policy/Legal Context
- Socio-cultural Context
- Private vs Public Setting
- Scope and Organization of Services and Service Linkages
- Service Delivery
- Client Issues and Communication
- Technology (MVA)

Programming Considerations

- Training and Follow-up
- Supervision and Monitoring
- Technical Assistance
- Resources and Supplies
- Sustainability
- Research
- Program Evaluation

- Community Partnership
  - Quality
    - Counseling
      - Follow-up
        - Sustainability

Recommendations

Community Partnerships:

- educate community about the consequences of unsafe abortion
- recognise symptoms of postabortion emergency
- mobilize community resources for prompt emergency treatment
- ensure access to PAC services for Refugees
- Partner with facility based staff to influence care
- promote and support contraceptives

Quality:

COPE®: a Continuous Quality Improvement Process focused on providing

- Client
- Oriented
- Provider
- Efficient Services

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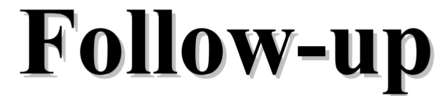
Recommendations

Counseling:

- Because women who have just undergone either a spontaneous or induced abortion are likely experiencing physical and emotional pain, the training must stress compassionate and supportive counseling, as well as access to family planning methods.

Sustainability:

- If MVA, or other supplies and equipment, will be introduced at the workshop, the trainer must be sure that the clinic has made arrangements to secure the materials, as it benefits no one to teach health workers to use materials that they will not have access to.



- Reinforce MVA skills
- Help health workers to transfer these skills
- Identify problems
- Ensure good IP
- A referral system has being set up
- Ensure good counseling

"Deaths from unsafe abortion are the most preventable of all maternal deaths. In some countries the goal set 10 years ago of reducing maternal mortality by 50% would have been achieved wholly by eliminating deaths due to unsafe abortion."

Ingar Brueggemann, Secretary General, IPPF, World Health Day, 1998