

The logo for RAISE features the word "RAISE" in a large, bold, blue sans-serif font. Above the letters "A", "I", and "S" is a thick, orange-to-yellow gradient wedge that tapers to the right.

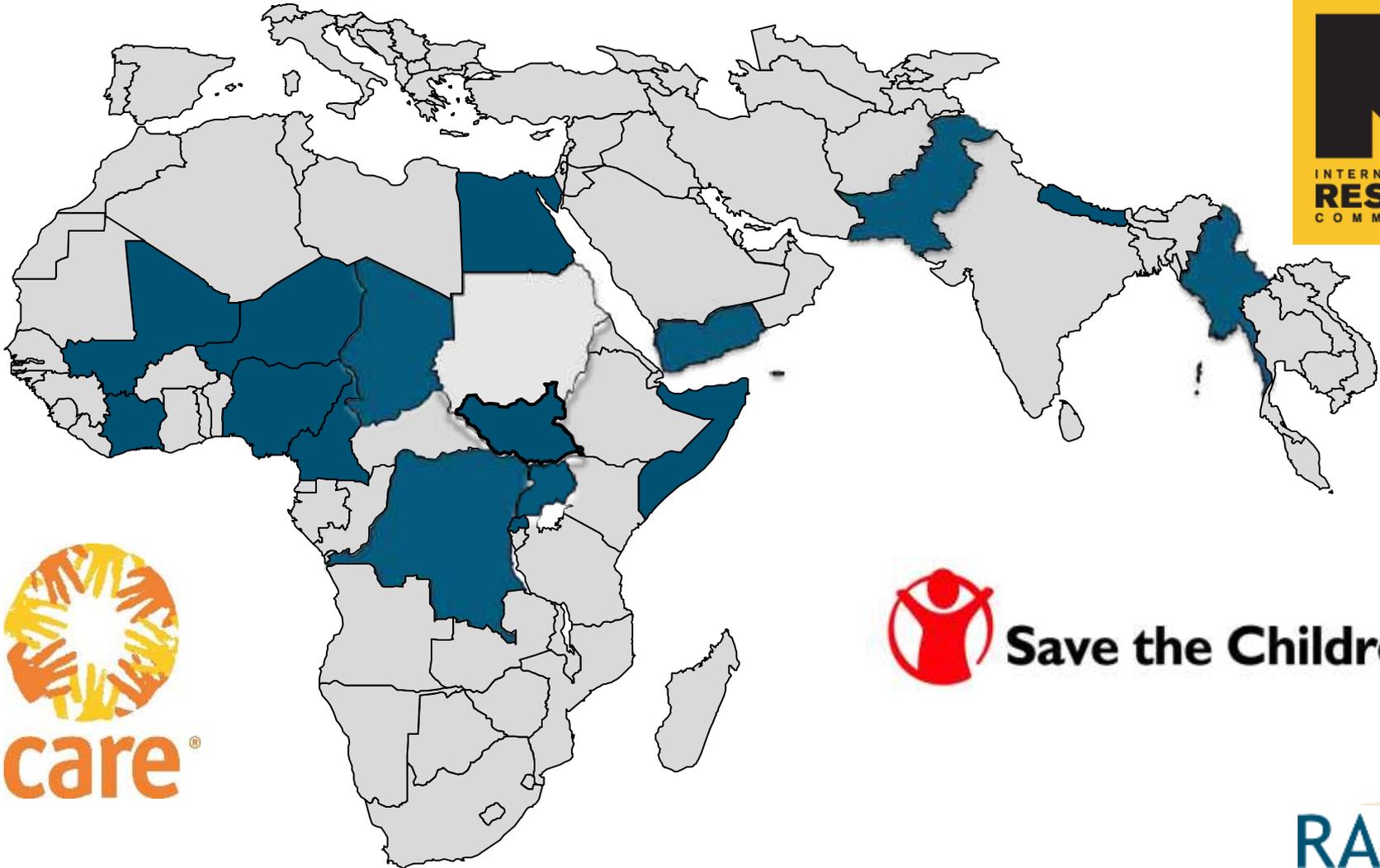
 COLUMBIA UNIVERSITY | MAILMAN SCHOOL
of PUBLIC HEALTH
HEILBRUNN DEPARTMENT OF
POPULATION &
FAMILY HEALTH

Implementing contraceptive and post-abortion care services in humanitarian settings

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Countries where the contraceptive and PAC programs are implemented



Program priority areas

- Contraceptive services, including long-acting and permanent methods
- Post-abortion care (PAC)
 1. Treatment of incomplete and unsafe abortion and complications
 2. Counseling to identify and respond to women's emotional and physical health needs
 3. Contraceptive services to help women prevent future unintended pregnancies and abortions
 4. Reproductive and other health services provided on-site or via referrals
 5. Community and service-provider partnerships to prevent unintended pregnancies and unsafe abortions

Contraceptive and PAC program elements

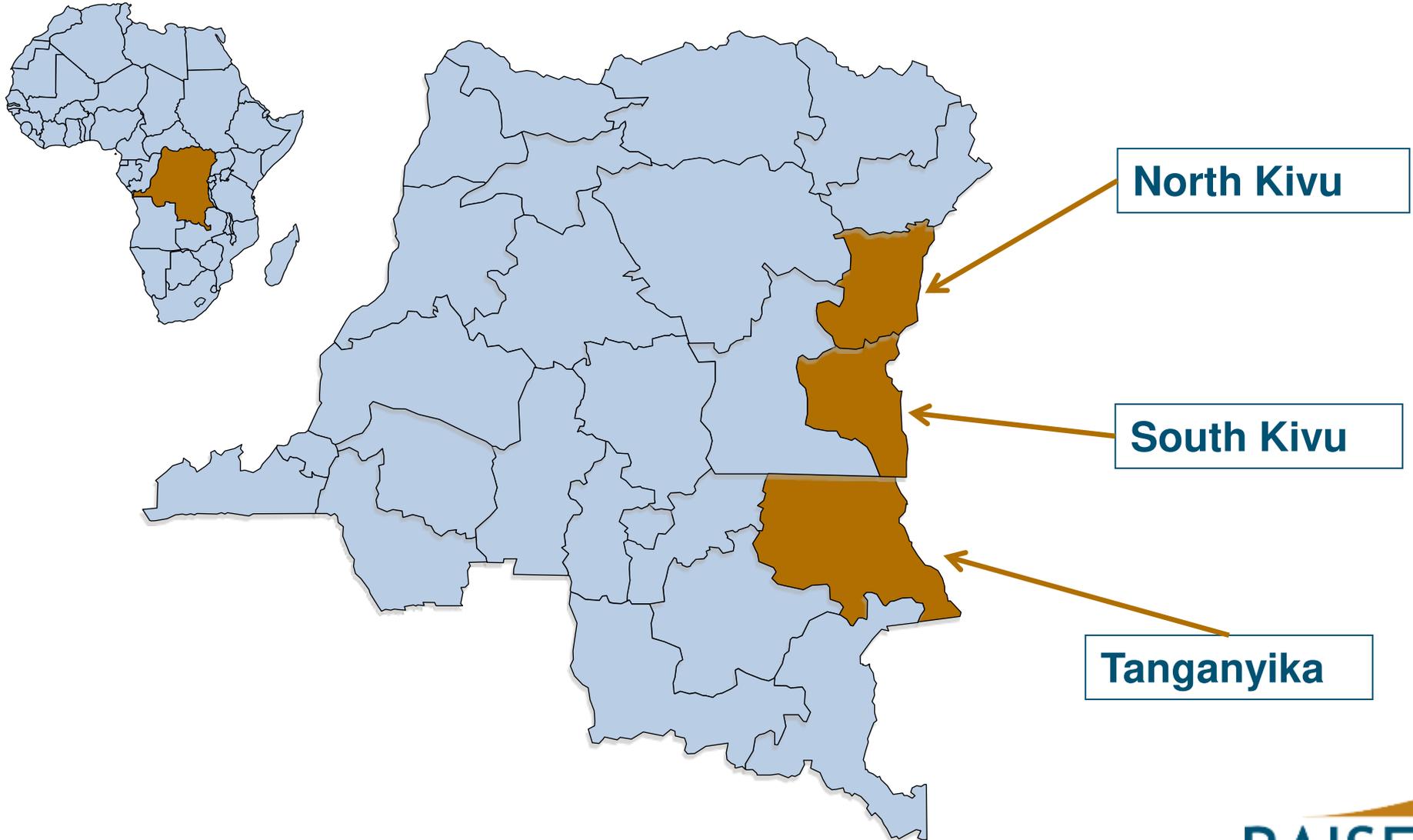
- Competency-based training of providers
- Supportive supervision
- Support for continuation of contraceptive use
- Consistent supplies
- Community mobilization activities
- Partnership with MOH
- Monitoring and evaluation



Evaluations of contraceptive and post-abortion care programs in North and South Kivu, Democratic Republic of the Congo



Democratic Republic of the Congo



Context: North and South Kivu, DRC

- Chronic intermittent conflict
- Internally displaced populations
 - mostly non-camp
 - cycle of multiple displacements and returns
- Weak health system
- Ranks 176 of 188 in Human Development Index, 2016
- Large aid, UN and NGO presence



Mixed methods program evaluation

- Measure population-level contraceptive prevalence
 - **Population-based surveys**
- Determine the barriers and facilitators of post-abortion care
 - **Interviews with PAC clients**
 - PAC register review
 - Focus groups with community members

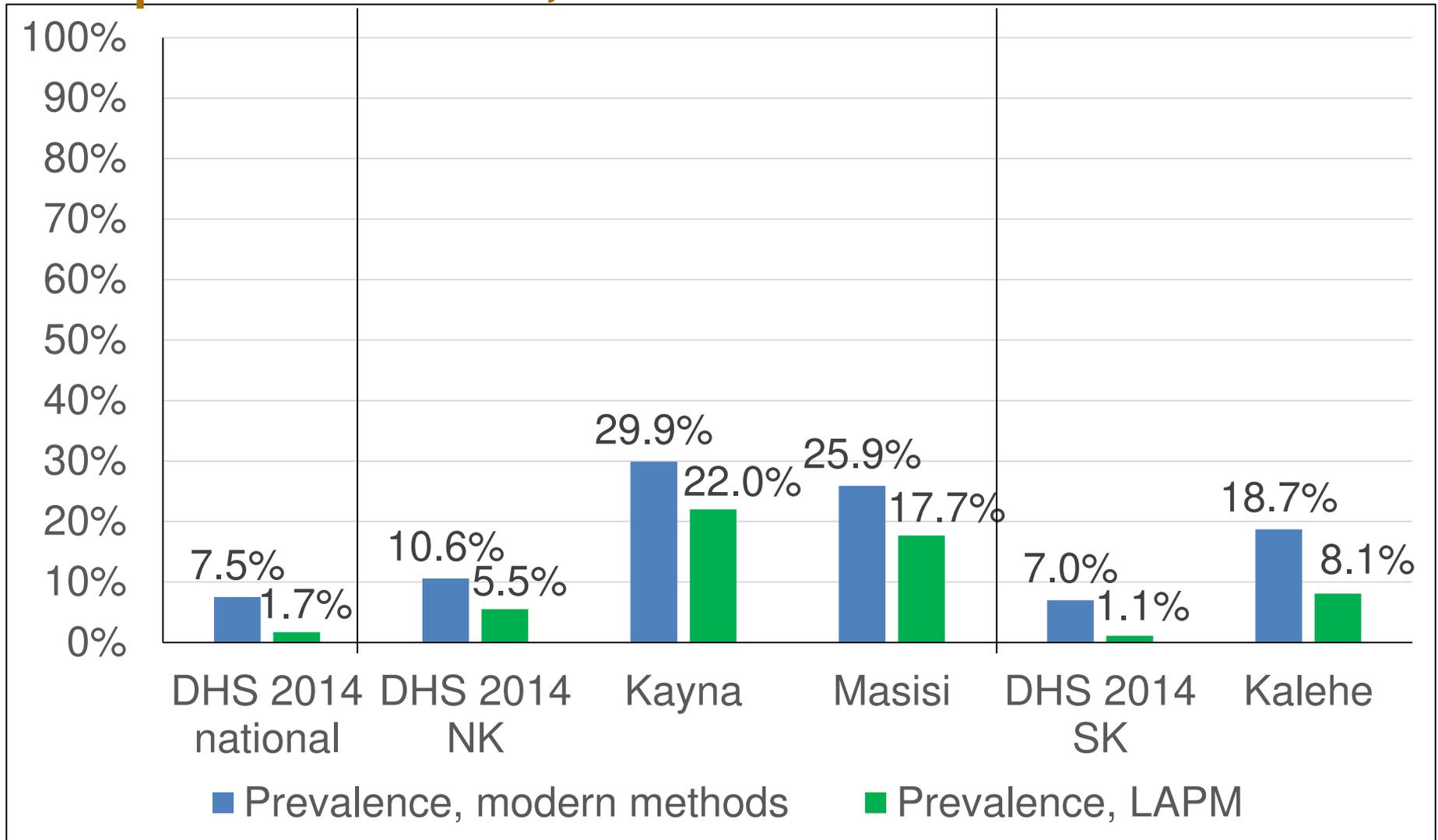


Survey methodology

- Individual interviews with women of reproductive age (15-49 years) in 6 health zones supported by CARE, IRC and Save the Children
- Sampling
 - 25 clusters
 - 22 households per cluster
 - Random selection of one woman in each household
- Minimum: 500 interviews per health zone
- Data collection: July/August 2016 and July/August 2017



Survey results: Contraceptive prevalence, modern and LAPM



In-depth interviews with PAC clients

- Purpose: understand PAC clients' perceptions of the care received
- Interviewed by trained female facilitators in local language
- Timing:
 - Save the Children: October 2016
 - IRC: February 2017
 - CARE: April 2017



IDI participants

- 50 women interviewed
 - 34 in North Kivu, 16 in South Kivu
 - 18-43 years old
- Most were married
- All had at least one prior pregnancy
 - Half had more than 5 prior pregnancies
- All except one reported spontaneous abortion
 - Given that abortion is highly restricted in DRC, it is possible that a woman would not admit to inducing the abortion.

Provider-client interaction

Welcoming

“Because the nurses here receive us very well, they treat you with a smile, they chat well with the patients.” (26 year old)

“They told me, Mama [Name], don’t be scared, you will be healed. It’s true, we know you feel pain, but it will pass. There is so much pain, but you will heal.” (32 year old)

Emotional Support

Confidentiality

“Because a nurse cannot reveal the secret, even if she saw a good or bad thing; she must keep it to herself.” (40 year old)

Treatment

“They did something important for me, when I came, they welcomed me directly, they brought me to a place where they should receive me and treat, if they hadn’t welcomed me well, I was going to die.” (33 year old)

“I thank God through the nurses for the medicines that I had...before, when a woman aborted, she didn’t get better. But with these medicines, we have seen their effectiveness. This has helped us so much.” (41 year old)

Contraceptive Counseling

“Afterwards they gave us instructions by showing that often when you abort, sometimes you get pregnant again directly after. This is why it’s better to protect myself by using family planning to recover.”
(33 year old)

“In any case, this program that you’ve brought, it is a good program. Using family planning is very good because many carry pregnancies, especially the mothers you see that all have a pregnancy; a year passes; you have another pregnancy...the other children are still very little, you ask yourself what to do since you lack [resources].” (28 year old)

Limitations

- Only interviewed women who received care at supported facility, so we do not have insight from women who choose not to seek care
- Nearly all women reported a spontaneous abortion, so we cannot assess differences in behaviors among or treatment of women who induce abortion
- Possible that women who agreed to participate are those who had more positive experiences at the facility
 - May have demonstrated a courtesy bias to please interviewers

Implications for Programs

- High contraceptive use, including LARCs, compared to elsewhere in DRC
- Overall mostly positive experiences with PAC services
- Empower providers to provide good quality care
- Provide additional training and ongoing support to ensure high quality contraceptive counseling

