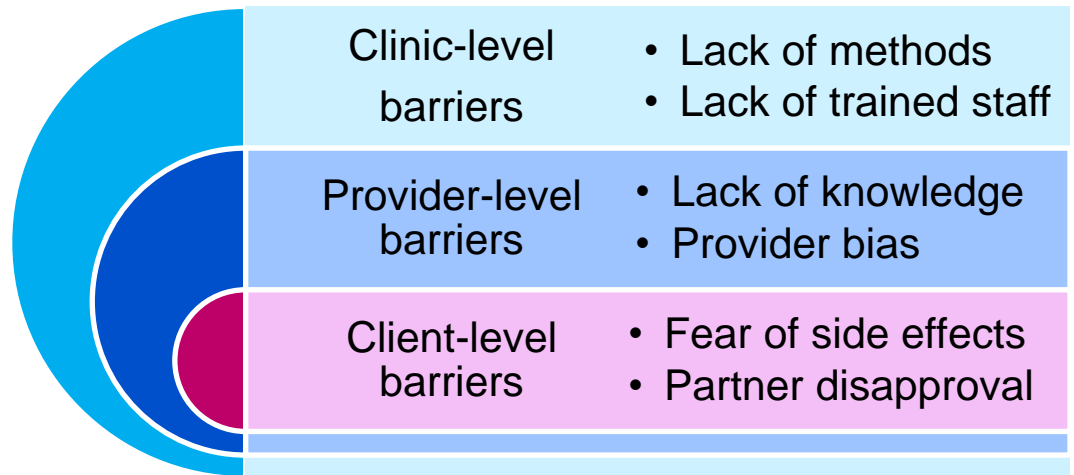


Improving private sector provision of post- abortion contraception in Kenya

Katy Footman, Marie Stopes International

Background

- 464,000 induced abortions in Kenya in 2012
 - 120,000 treated for complications from induced abortion
- Marie Stopes Kenya franchises >400 private clinics, expanding access to safe abortion services and post-abortion care
- Ensuring quality of services in private sector clinics is a challenge
- Post-abortion family planning counselling is inconsistent



Evaluating the effect of a quality management intervention on post-abortion contraception

Aims:

1. to assess whether a quality management intervention increased post-abortion contraception counselling and uptake
2. to understand the drivers and barriers of contraceptive uptake for clients and providers

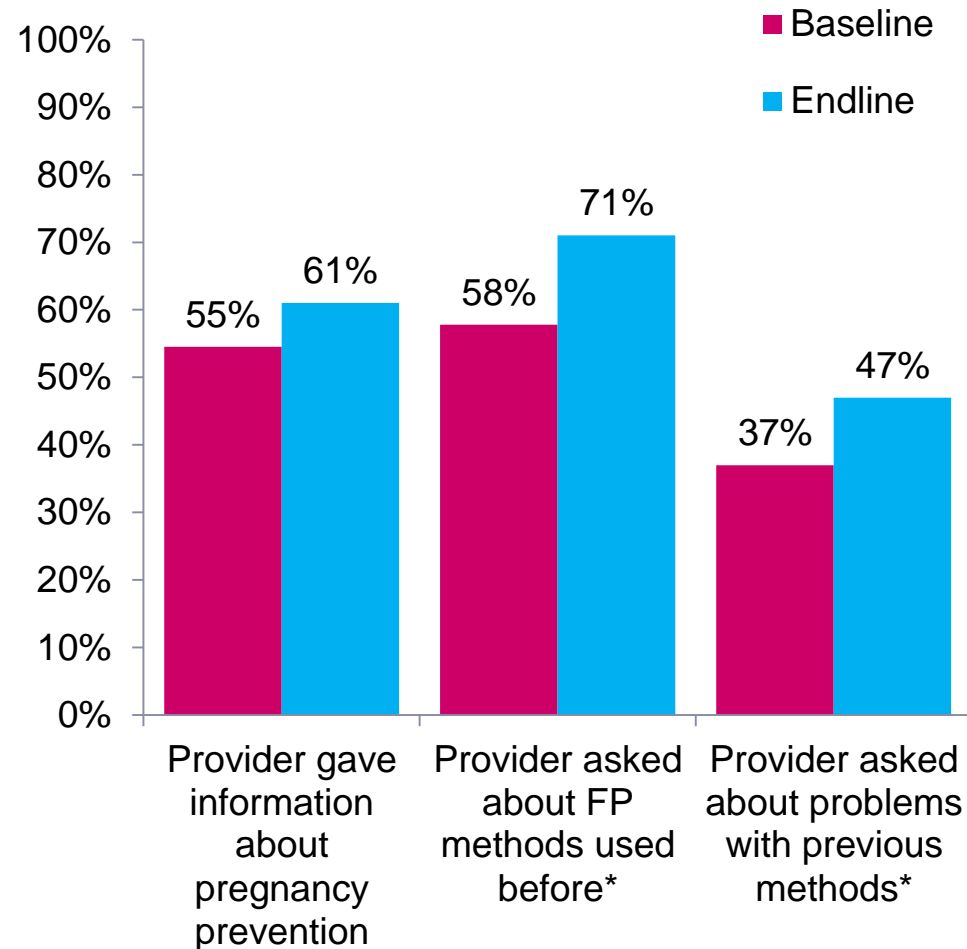
The intervention:

- 1) One-day **training** on post-abortion contraception
- 2) **Job aide** for step-by-step post-abortion contraceptive counselling
- 3) Monthly structured **supervision** visits

MARIE STOPES KENYA Children by choice, not chance		Checklist for procedures: Focus on PAFP
Pre-procedure	1. Take client history	Ask about current use of family planning
	2. Discuss CAC options	Ask about fertility intentions of client
	3. Discuss contraception	Ask about relationship status and partner support for contraceptive use Discuss previous experiences of family planning methods
	4. Complete bimanual pelvic and speculum exams	Discuss client's contraceptive preferences, convenience of use (e.g. whether repeat visit to clinic are required) and side effects (e.g. changes to bleeding)
	5. Take pregnancy test, as indicated	Consider medical eligibility for PAFP options
	6. Assess risk of STIs and treat syndromically, as indicated	Discuss PAFP options based on client's preferences and medical eligibility
	7. Confirm client eligibility and take informed consent	Check whether client has any questions Informed consent form is signed if client wants to receive a family planning method
	8. Fill in reproductive health client card	
Procedure: Conduct surgical procedure, or administer medical CAC drugs according to MSK guidelines		
Post-procedure	1. Disposal of waste	
	2. If surgical CAC, or medical CAC for >9 weeks, monitor and record vital signs, and administer analgesia and antibiotics appropriately	Provide or insert the client's family planning method of choice
	3. Provide or arrange PAFP based on client choice	Inform the client about how to use the method, side effects (these often go away after a few months), and what to do in the case of complications and side effects
	4. If MA for <9 weeks, give client mifepristone dose, verbal and written instructions on how to take misoprostol, pain killers, what to expect, and an emergency phone number	Advise client to return as soon as possible for contraception, if the client is unable to have a method inserted on the same day (e.g. if medical CAC client wants an IUD or tubal ligation)
	5. Ensure reproductive health client card is completely filled	
	6. Assess client for discharge and provide information	
	7. Document client visit in the CAC	

Did the intervention improve provider behaviour?

- Limited increase in provision of information, but **quality of counselling** improved.
- Most aspects of satisfaction did not improve, except :
 - **provision of clear instructions** (69% vs 58%)
 - **taking enough time to understand client** (97% vs 93%).
- Mean number of methods counselled on increased from 2.9 to 3.3
- Mix of methods counselled on did not change.



*Significant increase (p<0.05)

Did the intervention increase uptake?

Adjusted odds of contraceptive uptake at endline vs. baseline			
	N (%)	aOR (95% CI)	P-value
Received same day contraception*			
Baseline	77 (19.30)	Ref	
Endline	113 (30.79)	2.00 (1.39- 2.86)	<0.001
Received same day LARC*			
Baseline	50 (12.59)	Ref	
Endline	71 (19.45)	1.82 (1.19- 2.79)	0.006
Received contraception 2-14 days post-abortion †			
Baseline	66 (33.85)	Ref	
Endline	29 (23.39)	0.57 (0.32- 1.01)	0.053

Denominators: *All women † Followed up women who did not received same day PAFP. Adjusted for age group, education, occupation, marital status, number of children, fertility intentions, and use of family planning prior to the abortion.

Provider experience of the intervention

One-day orientation: considered useful - but providers want more regular training and updates.

The **job aide** was not commonly used or well-remembered.

Supervision visits

- Some felt their PAFP counselling and record keeping had improved as a result
- *“Well, they support us by encouraging us, where we have relaxed, they tell us not to relax.”*
- Valued the advice from supervision visits.

1. Date availability and quality		Score		Comments
Reporting Tools		Yes	No	
Are Reproductive Health Client Cards available in clinic?		②	0	
Is a PAC/CAC register available in clinic?		③	0	
Is the monthly AMUA summary available in clinic?		③	0	
Data completeness & validity		Yes	No	
Is the monthly AMUA summary completely filled? (if spaces are blank, check whether they should contain %)		②	0	
Does the number of SA and PAC clients in the monthly AMUA summary match the number of SA/PAC clients in the CAC register?		2	①	To be updated
Has each relevant column of the CAC register been completely filled for every SA client in the last month?		2	②	To be updated
Does the number of PAFP clients in the monthly summary match up to the number of PAFP clients in the CAC register?		2	③	To be updated
Do SA and PAC clients in the monthly summary match up to the number of SA/PAC clients in the CAC register? (Cards filed in for SA/PAC clients?)		②	0	Client cards to be filled together (monthly)
Total Score		5		

2. Post-abortion family planning		Score		Comments
Review PAFP data and performance		Yes	No	
According to the CAC register, were all clients counselled on family planning? If not, re-orient the provider on the importance of counselling safe abortion clients on family planning.		5	①	CAC register to be updated
In the CAC register, did the provider log whether clients expressed desire for contraception? If not, re-orient the provider on the importance of counselling safe abortion clients on family planning.		5	①	CAC register to be updated
Ask provider whether any of the clients in the CAC register returned at a later date for family planning. If so, was PAFP uptake recorded in the Reproductive Health Client Card and the CAC register? (if not applicable, score 5)		5	①	
Calculate the PAFP rate for this month (number of post-abortion FP in the monthly summary/number of SA and PAC clients).		Enter rate: 93%		
Is the % over 100%? If so, re-explain to the provider how PAFP should be logged.		0	③	
Is the PAFP % over 60%? If not, discuss with the provider why clients are not receiving PAFP, and record their response in the comments section.		5	①	
Total Score		5		

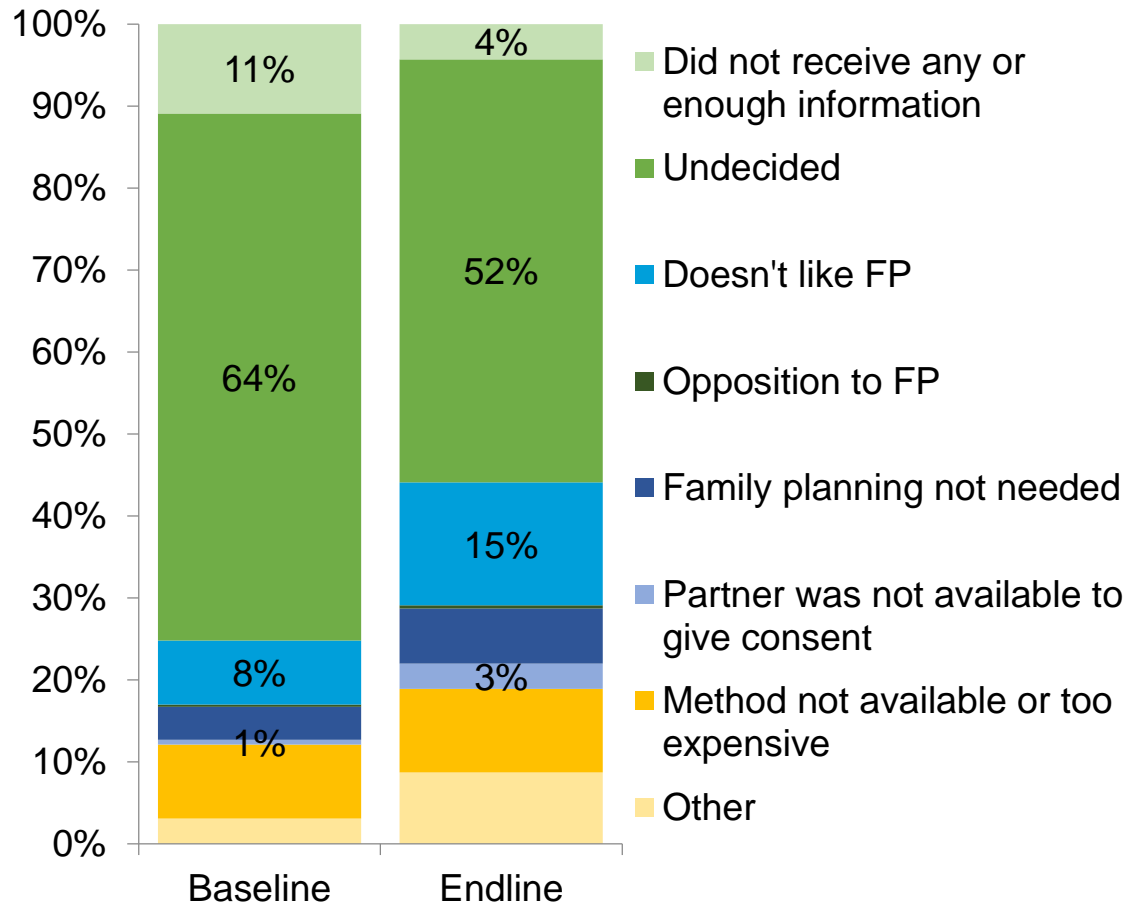
2. Post-abortion family planning		Score		Comments
Review PAFP data and performance		Yes	No	
According to the CAC register, were all clients counselled on family planning? If not, re-orient the provider on the importance of counselling safe abortion clients on family planning.		5	①	CAC register not updated. Advised to update.
In the CAC register, did the provider log whether clients expressed desire for contraception? If not, re-orient the provider on the importance of counselling safe abortion clients on family planning.		5	①	CAC register not updated. Advised to update.
Ask provider whether any of the clients in the CAC register returned at a later date for family planning. If so, was PAFP uptake recorded in the Reproductive Health Client Card and the CAC register? (if not applicable, score 5)		5	①	Advised to document.
Calculate the PAFP rate for this month (number of post-abortion FP in the monthly summary/number of SA and PAC clients).		Enter rate: 33.5%		
Is the % over 100%? If so, re-explain to the provider how PAFP should be logged.		0	③	clients need further counselling from elsewhere but some do not come back
Is the PAFP % over 60%? If not, discuss with the provider why clients are not receiving PAFP, and record their response in the comments section.		5	①	
Calculate the long-acting method PAFP rate for this month (number of long-acting post-abortion FP in the monthly summary / number of post-abortion FP in the monthly summary).		Enter rate: 0%		
Was the long-acting PAFP % over 45%? If not, discuss with the provider the effectiveness of different PAFP methods, and the barriers that prevent them from providing long-acting methods.		5	①	
Total Score		5		

Why did women not receive contraception?

- Barriers that are amenable to counselling were reduced at endline

- **Women want to complete the abortion first**
- **Challenges returning to the facility for contraception**
- **Perceptions of risk**
- **Cost of family planning**

Reason for not receiving FP, among those who did not receive a method on the day



Conclusions

- Supervision and regular updates important for improving provider behaviour on contraceptive counselling.
- Performance management approaches can have lessons for other social franchise models and wider sector.
- Post-abortion contraceptive counselling must be sensitive to individual needs of clients.
- Follow up mechanisms to facilitate clients returning to the clinic may support delayed uptake.



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