

# Creation, Implementation and Impact of a CAC optimization strategy in the Western Cape, South Africa

14 September 2018



Royal College of  
Obstetricians &  
Gynaecologists

leading  
**SAFE**  
choices



Western Cape  
Government

Health

# Designated Facilities

- ▶ In 2011 only 57% of designated facilities functioning
- ▶ National and Provincial DOH report that service provision is suboptimal
- ▶ A number of districts = NO SERVICES AT ALL (particularly rural areas)
- ▶ Reasons given for suboptimal service provision:
  - inadequate numbers of trained staff
  - long waiting times
  - conscientious objection by healthcare workers

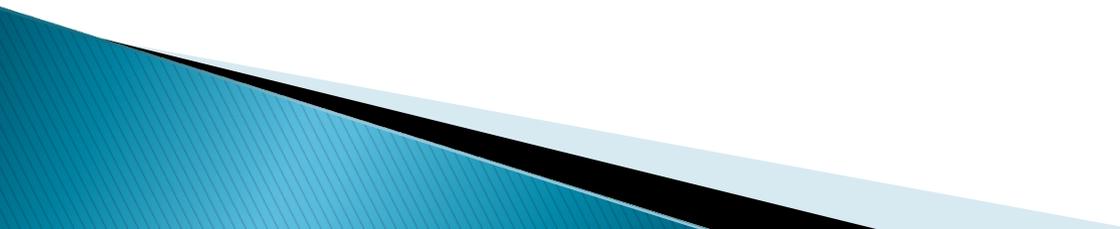
# Leading Safe Choices

## The Three Pronged Approach

1. Develop and disseminate **best practice papers** on post-partum family planning and comprehensive abortion care
  2. Implementing those best practices through **training and mentoring** of health care professionals in maternity hospitals and midwifery units in South Africa and Tanzania
  3. Professionalise best practice through an **accreditation and certification** system, to acknowledge competence and increase uptake of quality services.
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# METRO HEALTH DISTRICTS

- ▶ Southern Western
  - ▶ Northern Tygerberg
  - ▶ Khayelitsha Eastern
  - ▶ Klipfontein Mitchells Plain
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# RURAL HEALTH DISTRICTS

- ▶ Cape Winelands
  - ▶ Eden
  - ▶ Overberg
  - ▶ Central Karoo
  - ▶ Westcoast
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# Population Estimates

DISTRICT	2014/2015	2015/2016	2017/2018	2018/2019	2019/2020
Cape Town Metro	3 904 218	3 964 984	4 027 059	4 084 946	4 140 564
Cape Winelands	847 429	864591	882078	899240	916385
Central Karoo	73 981	74 660	75338	76061	76828
Eden	596779	604701	612783	620759	628623
Overberg	270406	276 168	282022	287777	293506
West Coast	419201	428914	439003	449287	459683
WESTERN CAPE	6 112 014	6 214 017	6 318 283	6 418 069	6 515 589
				<b>SA 57,5 MILLION</b>	

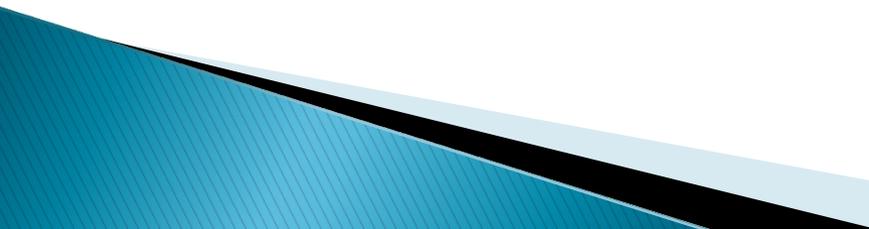
# CTOP Act

- ▶ CTOP Act No 92 of 1996
- ▶ CTOP Amendment Act No 1 of 2008

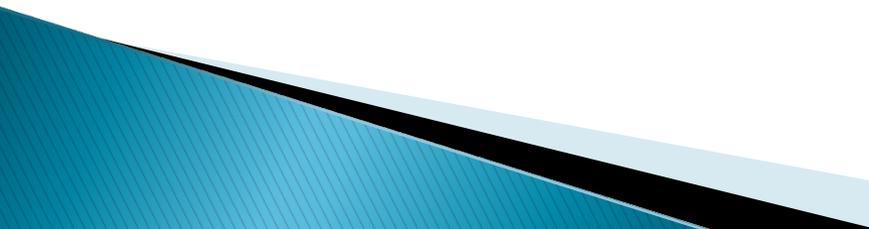
# Department of Health (DOH) CAC Training

- ▶ Metro – 2 committed CAC trainers
  - ▶ Rural Districts – No CAC trainers
  - ▶ Leading Safe Choices providing CAC training across Metro and Rural Health districts
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# DOH Service Delivery

- ▶ Conscientious objectors
  - ▶ Managers are not being held accountable to provide the service
  - ▶ No succession plans of HCP's in CAC
  - ▶ No psycho-social support for CAC providers
  - ▶ Values Clarification workshops in initial stages of roll-out of CAC services but subsequently stopped
  - ▶ Lack of community mobilization for CAC
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# Service Delivery Gaps

- ▶ HCP's unsupported by their managers
  - ▶ HCP's and clients seeking abortion services stigmatised
  - ▶ Increased unsafe abortion providers across rural and metro districts
  - ▶ Abortion pills accessible on internet
  - ▶ Consistent increase of 2<sup>nd</sup> Trimester Abortions due to lack of early access
  - ▶ Limited numbers of clients done per day
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# COMPREHENSIVE ABORTION CARE TRAINING



# Comprehensive Abortion care Training

- ▶ 3 Day Classroom training
  - ▶ Practice 5 MVA's on pelvic model
  - ▶ 10 MVA's accompanied by a clinical mentor
  - ▶ contraception including IUD insertion
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# Comprehensive Care Trainings

Number of CAC (MA & MVA) conducted 2015 to date:

2015	➡	Master Training – 12
2016	➡	2 Trainings – 22
2017	➡	3 Trainings – 36
2018	➡	2 Trainings – 21

Number of CAC (Medical Abortion only) training:

2018	➡	1 Training – 11
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# Competency achievements

Metro Districts

CAC: 75

Number achieved competency in CAC: 37

Rural Districts:

CAC: 16

Number achieved competency in CAC: 10

Medical Abortion: 11

Number achieved competency: 8

# Cape Winelands Rural District as a Model of Impact

Profile of women seeking abortions:

- Migrant and seasonal workers
  - Low levels of education
  - High rates of unintended pregnancies including teenage pregnancies
  - High rates of gender based violence
  - High rates of substance abuse
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# Context of CAC services

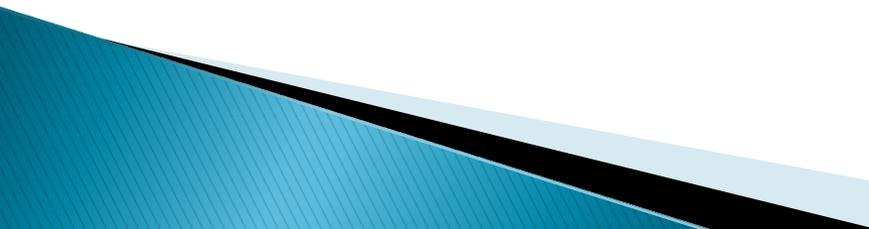
- ▶ Services: HCP's providing CAC services
- ▶ Management: Conscientious objection protocol misinterpretation
- ▶ Clients travel to Cape Town e.g. :
  - Ceres–232 km
  - Worcester–190 km
  - Robertson–272 km
  - De Doorns–250 km
  - Montague–316 km

# Context of CAC services (cont.)

## 2<sup>nd</sup> Trimester Abortions

- ▶ Numerous clients progress to the 2<sup>nd</sup> Trimester abortion due to unavailability of services and distances
- ▶ Retired Medical Dr. available intermittently
- ▶ Patients travel to facility, sleep in OPD and have the service the next day and return home same day
- ▶ Women report late for abortion

# Context of CAC services (cont.)

- ▶ All clients seeking abortions referred to Social worker with initial consultation and perception that options must be discussed with a bias towards continuing with the pregnancy
  - ▶ Managers are not held accountable to provide services at designated sites
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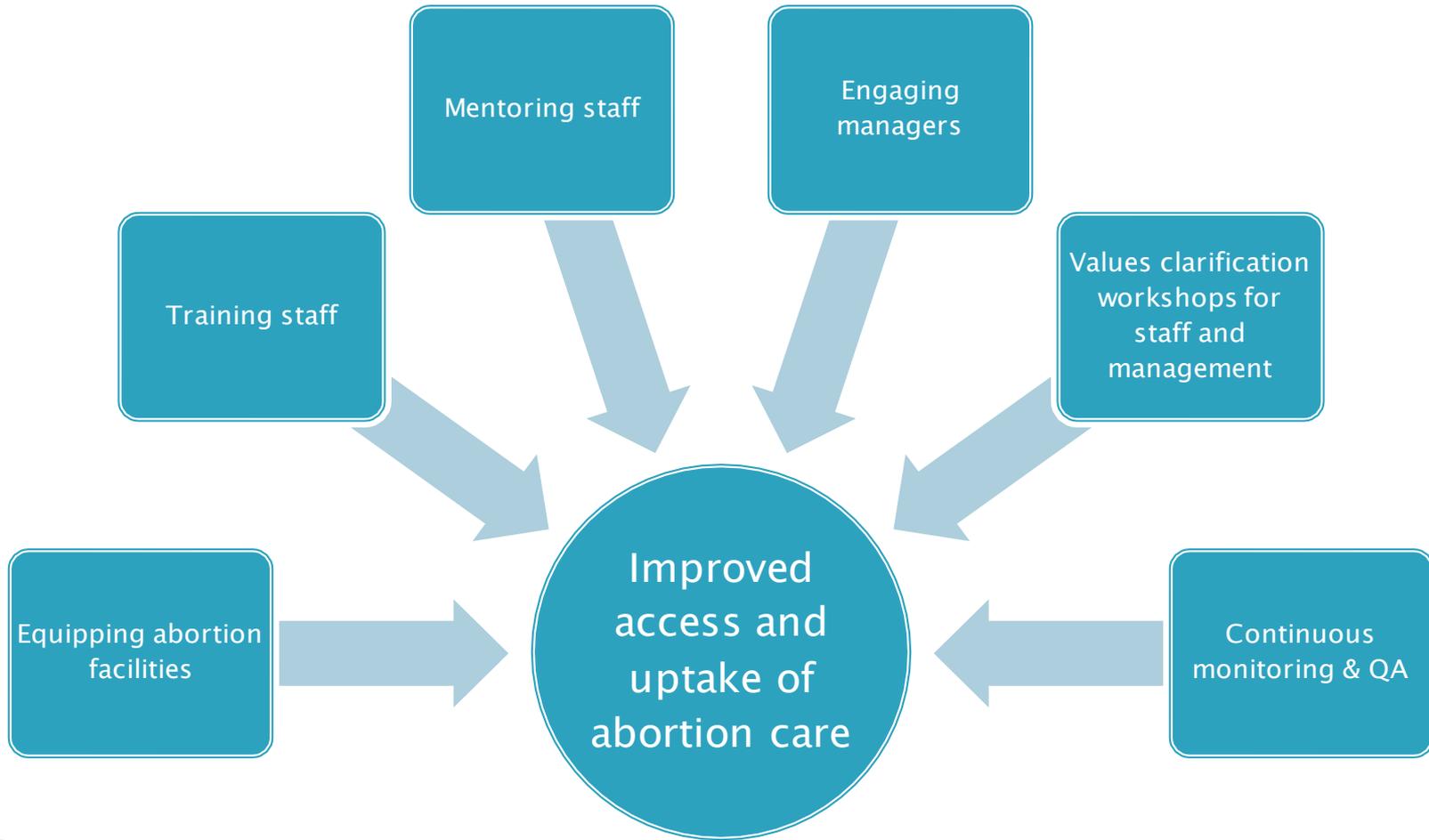
# Barriers in Mentoring and Implementation

- ▶ Management and staff reliant on ultrasound to do gestational dating
  - ▶ Daily operational issues affects availability of trainees for clinical mentoring
  - ▶ Clients don't honour appointments due to long distances from facilities and financial constraints
  - ▶ Booking system not patient centred
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# Barriers in Mentoring and Implementation

- ▶ Staff unsupported by managers
  - ▶ In most cases only one provider at facility – also has to perform all administrative tasks – suffers burnout
  - ▶ No psycho-social support for HCP's
  - ▶ Other perceived competing priorities
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# Optimisation strategies



# Optimisation strategies

- ▶ CAC training by LSC programme
  - ▶ Dedicated CAC mentor appointed May 2017
  - ▶ Quality assurance of CAC care–clinical mentoring
  - ▶ Initial engagement with all levels of management to guide and support the roll out of the services
  - ▶ Continued support to ensure implementation is seamless–quarterly meetings
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# Optimisation strategies

- ▶ Continuous quality assurance checks
  - ▶ Relevant equipment provided for the implementation of services
  - ▶ Psycho-social support for providers
  - ▶ Whats App support group for all CAC providers
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# Values Clarification and Attitude Transformation (VCAT) as a Strategy

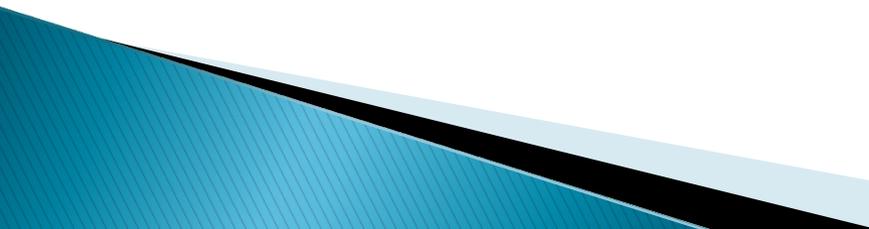
Number of VCAT trainings conducted:

Ceres: 4

Montague: 1

Robertson: 2

Total number of staff trained: 104



# Outcomes of VCAT workshops

- ▶ All categories of staff attended
  - ▶ 5 Professional nurses requested to attend the CAC training
  - ▶ Staff acknowledged that women have the right to access safe abortions
  - ▶ Expressed the need for the VCAT
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# Outcomes of VCAT workshops

- ▶ Change and perspective in staff attitude
  - ▶ Opportunity to discuss other operational issues that influence access to safe abortions
  - ▶ Advocate for integration of CAC services on the pathway of care
  - ▶ Acknowledge the lack of trained providers in Sexual Reproductive Health, especially LARC's
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# Outcomes of VCAT

- ▶ The need for psycho-social support for providers
  - ▶ That managers also attend VCAT workshops
  - ▶ Valued input on the CTOP Act and the DOH Abortion Care policy
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# Course participants' assessments

- *“Be more vigilant + open-minded about patients choices + circumstances”*
- *“Now that I have a better insight of abortion I am willing to counsel patient and refer them if they need an abortion and not judge them”*
- *“To treat every woman seeking abortion with respect and dignity. Provide enough information for her to make an informed decision, not to make a hasty decision. Every woman has a choice to make and receive proper counselling about safe abortion”*

# Impact

## Rural Districts:

- ▶ 3 sites Ceres
- ▶ 5 sites Breedevalley
- ▶ 1 Stellenbosch Hospital
- ▶ 4 sites Garden Route

## Metro Health Districts:

- ▶ 1 Du Noon
- ▶ 1 False Bay hospital
- ▶ 1 Cape Town Reproductive Health
- ▶ 4 Khayelitsha ( 3: City of Cape Town)

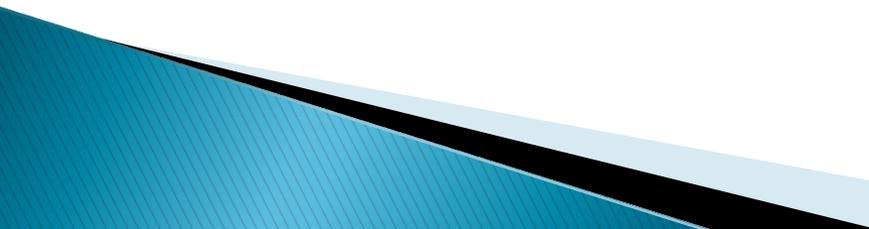
**TOTAL: 20 NEW CAC SITES!**

# Conclusion

## Multi-pronged Approach:

- ✓ DOH senior manager to hold managers to account to provide CAC services
  - ✓ VCAT workshops for all staff and managers
  - ✓ Psycho-social support for HCP's
  - ✓ CAC services part of SRH services—not a stand alone
  - ✓ Proper management of DOH protocol on Conscientious Objection
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# Conclusion (cont)

- ✓ Include CAC training in training of medical students and nurses' training
  - ✓ Part of performance management of management and staff
  - ✓ Increase the pool of CAC trainers in all districts
  - ✓ Increase the number of CAC providers at all facilities
  - ✓ Emphasize missed opportunities to provide safe and effective contraceptives
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# Thank You

