From talk to action:
Providing safe abortion care in humanitarian settings

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Outline

The Interagency Working Group on Reproductive Health in Crises (IAWG)

Factors that influence whether humanitarian orgs provider safe abortion care

The International Rescue Committee's (IRC) strategy for integrating safe abortion care into IRC programs

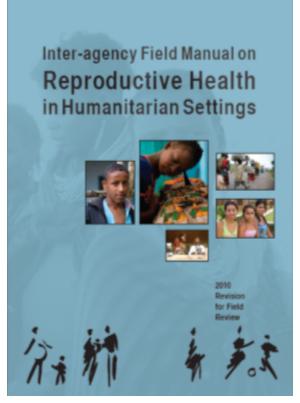
Inter-Agency Working Group (IAWG) on Reproductive Health in Crises

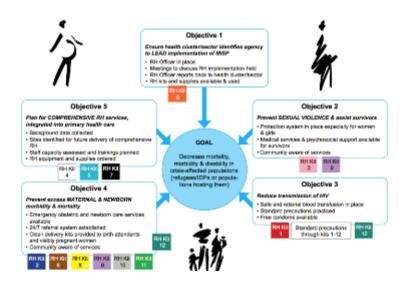
- Documents gaps, accomplishments, and lessons learned.
- Evaluates the state of SRH in the field.
- Establishes technical standards for the delivery of reproductive health services.
- Builds and disseminates evidence to policy makers, managers, and practitioners.
- Advocates for the inclusion of crisis-affected persons in global development and for SRH in humanitarian agendas.



Technical Field Guidance







Safe abortion care in the 2018 MISP

MISP OBJECTIVES

- 1. Ensure coordination through SRH lead agency, coordinator
- 2. Prevent sexual violence and respond to the needs of survivors
- 3. Prevent the transmission and reduce morbidity and mortality due to HIV
- 4. Prevent excess maternal and newborn morbidity and mortality
- 5. Prevent unintended pregnancy
- 6. Plan for comprehensive SRH services

Other SRH priority: Provide safe abortion care to full extent of law

Provision of or referral for safe abortion care for survivors of sexual violence



IAWG safe abortion care (SAC) sub-working group

Founded in 2014 to catalyze change in the humanitarian response field, 20 member orgs

- 1) create a positive culture of learning and experience sharing about the successes and challenges of SAC programming
- 2) advance the evidence base for SAC programming and
- 3) advocate for the mainstreaming of evidence-based SAC programming in humanitarian settings.



Factors that influence whether humanitarian agencies provide SAC

Barriers

Fear and confusion about US govt. funding restrictions



Facilitators

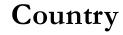
Donors funding SAC in humanitarian settings

Lack of clarity on org. position on SAC

HQ

Clear org. position in support of SAC

Restrictive and confusing policies on SAC provision



Clarifying local laws and identifying opportunities for SAC provision

Lack of knowledge about and negative attitudes toward abortion



Building SAC knowledge and conducting abortion values clarification workshops

INTER-AGENCY WORKING GROUP ON REPRODUCTIVE HEALTH IN CRISES

10 STEPS:

STARTING SAFE ABORTION CARE PROGRAMS

SAFE ABORTION CARE

10 STEPS FOR STARTING/EXPANDING PROGRAMMING

Safe abortion care (SAC) was one of the major gaps identified in the 2014 IAWG global evaluation. The IAWG SAC sub-working group recently became active and conducted a study of IAWG member agencies in order to inform efforts to support these agencies to start or expand SAC activities. We have summarized best practices for initiating SAC programming with the following 10 steps.







2. Develop and disseminate an internal policy toward SAC



3. Create a plan to implement the policy



4. Develop standardized messages for discussing SAC programming



5. A natyze relevant laws and identity entry points for SAC programming in the countries where you



O. Discuss legal context with local authorities and staff at all levels



7. Conduct values clarification activities with staff at all levels



upcoming proposals, approach new donors

8. Consider 9. Identify local SAC opportunities to incorporate SAC into existing programs; within local ministries within local ministries programming into



 Build SAC clinical and management capacity



About the International Rescue Committee

IRC Mission

The IRC helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.

Sexual and reproductive health



For women and girls in crises, we are committed to

Increasing use of modern contraception to prevent unintended pregnancy



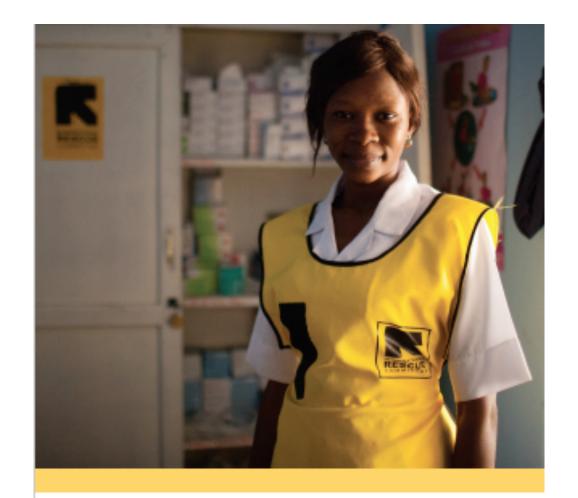
Making pregnancy and childbirth safer



Preventing and treating the consequences of gender-based violence

The IRC supports sexual and reproductive health services in 23 crisis-affected countries





The IRC supports access to safe abortion care for all women and girls, regardless of their age, marital status, religion, nationality or disability.

SAFE ABORTION CARE

at the International Rescue Committee

Resoue.org





Demonstrating organizational commitment

- Internal position statement
- compliance & risk mitigation guidance
- proposal development guidance
- talking points & FAQs.





SAFE ABORTION CARE at the International Rescue Committee



Providing Safe Abortion Services and Managing United States Government Funding

Opportunities for Serving Clients and Mitigating Potential Compliance Risks

August 2017

SAC context analysis webinars & reports

Desk reviews + key informant interviews to answer county program's questions about abortion

- ✓ Nigeria
- ✓ Sierra Leone
- ✓ Thailand

Upcoming: Libya, Uganda

In Nigeria, abortion is common yet women and girls face multiple barriers to accessing safe abortion care (SAC). Restrictive abortion laws, high costs and provider reluctance leave poor women and girls to seek care from unskilled providers or traditional healers, placing them at increased risk for complications and death.

Available evidence indicates there is a need for safe abortion care among women and girls in Northeastern Nigeria, where the Boko Haram insurgency has been most active. Increased access to safe abortion care can be achieved through improving the quality of and reducing cost barriers to services offered by private providers, reducing harm from unsafe abortion by providing women and girls with information on safely self-inducing abortion with misoprostol and engaging with police and other stakeholders to create a more conducive environment for safe abortion care provision.



The purpose of this context analysis report is to provide answers to key questions posed by IRC Nigeria to help them better understand the context of abortion within their setting. This information can be used to develop an evidence-based and context-specific strategy for preventing unset abortion and increasing strategy for preventing unset abortion and increasing outcome 2, women and girls prevent and are treated for complications of prevancy and childbirth.

Methodology

The health unit conducted a desk review of peerreviewed studies and grey literature published within the development of the property of the peer of the peer of the statishases. Pubmed, POPLINE, JSTDR, and Google Scholar. The majority of the literature found used mixedmethod designs, made up of quantitative surveys and semi-structured questionnaires to assess women's and providers' experiences, knowledge and attitudes around abortion. Although the literature includes various geographic areas, there is more emphasis on southern states as compared to northern states. Limitations were found in the data due the scarcity of research on women's attitudes and practices on abortion, second trimester abortion and medication abortion. Additionally, findings from studies conducted in other parts of Nigeria may not be generalizable to humanitarian contexts.

To complement the desk review, the health unit also conducted three key informant interviews to better understand how abortion laws are interpreted and enforced in Nigeria as well as how donors fund safe abortion care activities in restrictive settings. Two key informants worked for global organizations supporting safe abortion care in Nigeria and one key informant was a Nigeria-based safe abortion care champion.

Who/what influences whether women and girls access SAC and how?

More than half of Nigerian women seeking an abortion consulted with their partner, a friend, their mother or sister. Additionally, most women seeking an abortion sought the approval of their partner, suggesting that male partners are highly influential in abortion decision-making floor women are more likely to self-induce their abortions or seek care from traditional healers due to the cost of safe abortion care performed by skilled practitioners. Women also seek the help of friends to obtain pils or addescent girls, peer experience and recommendations are particularly influential in seeking out an abortion provider. Furthermore, a study among women who presented at public and private hospitals following an induced abortion across eight states found that most were likely to have consulted with a physician or a pharmacist beforehand.

Keywords: Nigerian women, reproductive health, abortion, unwanted pregnancy, induced abortion, pregnancy termination, safe abortion care, post abortion care, misoprostol, unsafe abortion

Definition

 Safe abortion care (SAC): a procedure for terminating a pregnancy conducted by a skilled provider using recommended methods in an environment meeting minimum medical standards.

 Unsafe abortion: a procedure for terminating a pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.



Transforming staff and provider attitudes

Train cadre of IRC VCAT facilitators

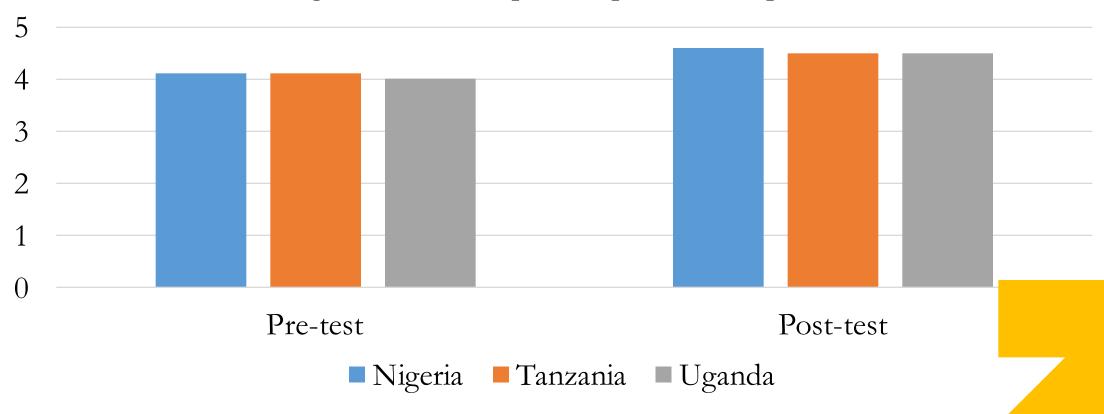
Cascade VCAT workshops to country programs

Evaluate and plan next steps

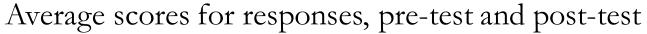
Workshops to date	Date	Participants
Nigeria	March 2018	17
Tanzania	April 2018	18
Myanmar (2)	May 2018	27
Uganda (2)	May 2018	39
Sierra Leone & Liberia	July 2018	30

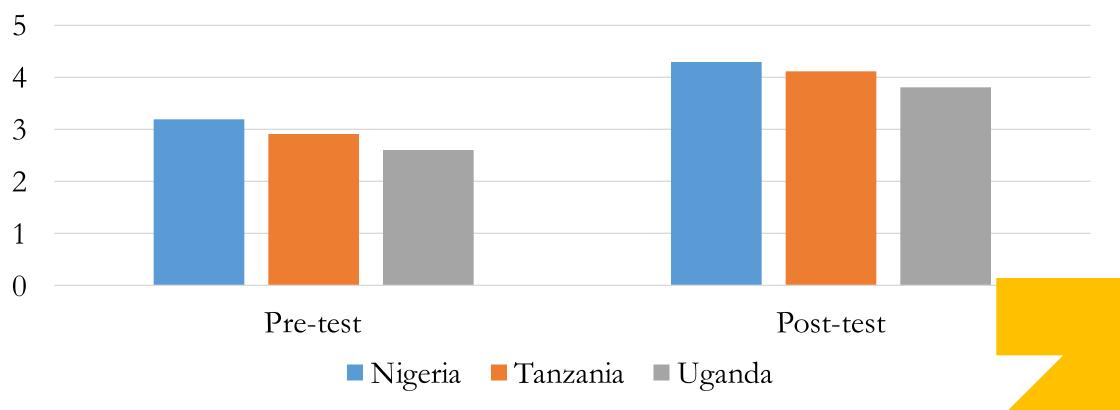
I agree with the IRC's position statement in support of access to safe abortion care

Average scores for responses, pre-test and post-test



Abortion should be available to a young, unmarried woman who has an unwanted pregnancy

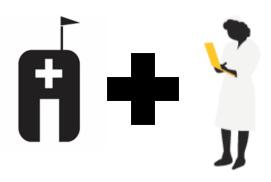




Country-driven approaches to service delivery

Nearly 400 SAC clients to date

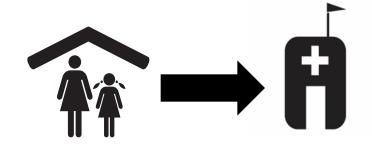
Pakistan



Ethiopia

Support the government to offer safe abortion care in refugee camps

Serbia



Increase availability of safe abortion care offered in public health facilities and through private providers



Facilitate referrals for safe abortion care for refugees and migrants living in camps

Conclusions

It is feasible to provide safe abortion care in humanitarian settings

Organizational commitment and context-specific approaches to service delivery are critical to success

Funding for safe abortion are is an important motivator – country programs can't move forward without it

Thank you!

