

Safe Abortion Care & new approaches

Sexual Health & Rights under pressure: Resistance and challenges

Part 3: Services Providers & access to Sexual and reproductive health and rights in challenging environments

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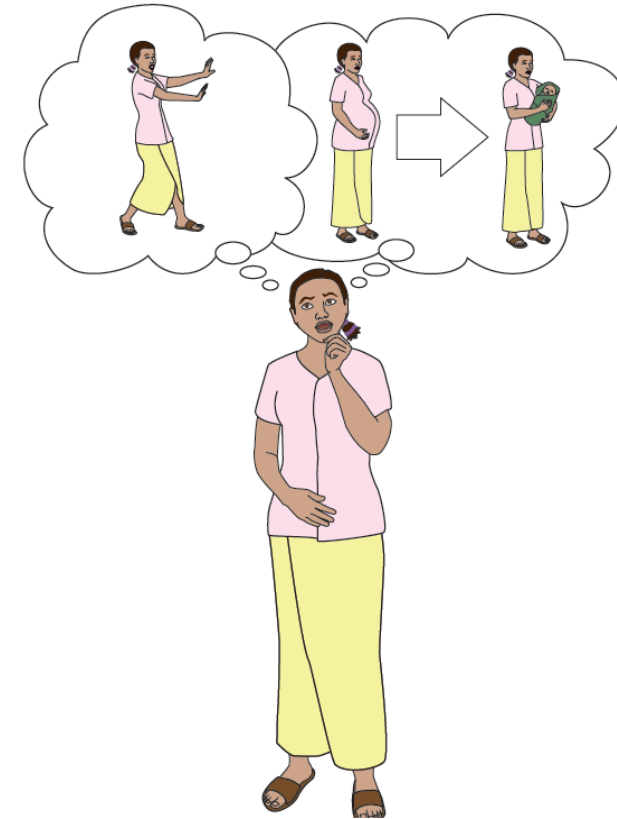
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MMS Conference April, 19, 2023

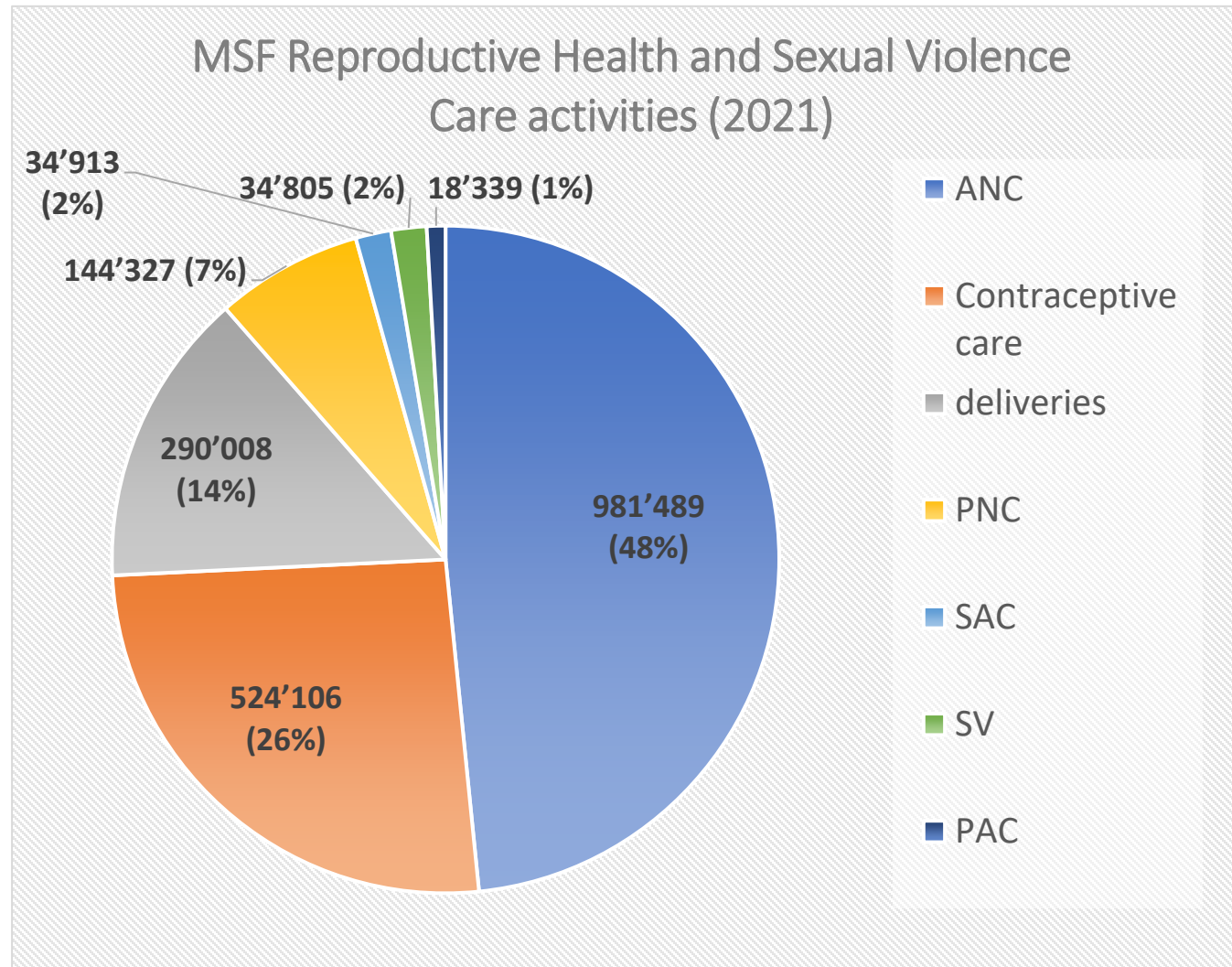


Background

- **Unsafe abortion** is a major cause of maternal death and suffering worldwide – and the only one that is almost entirely preventable.
- The provision of **safe abortion care (SAC) is politicized and influenced by personal beliefs and attitudes.**
- For years, despite numerous policies and resolutions, provision of **SAC in MSF remained limited.**
- **2015: RH + SV WG** proposed *“Task Force support to the implementation of safe abortion care in relevant projects in DRC.”*
- **Endorsed and supported internally** - operational priority with a political angle and need for change.

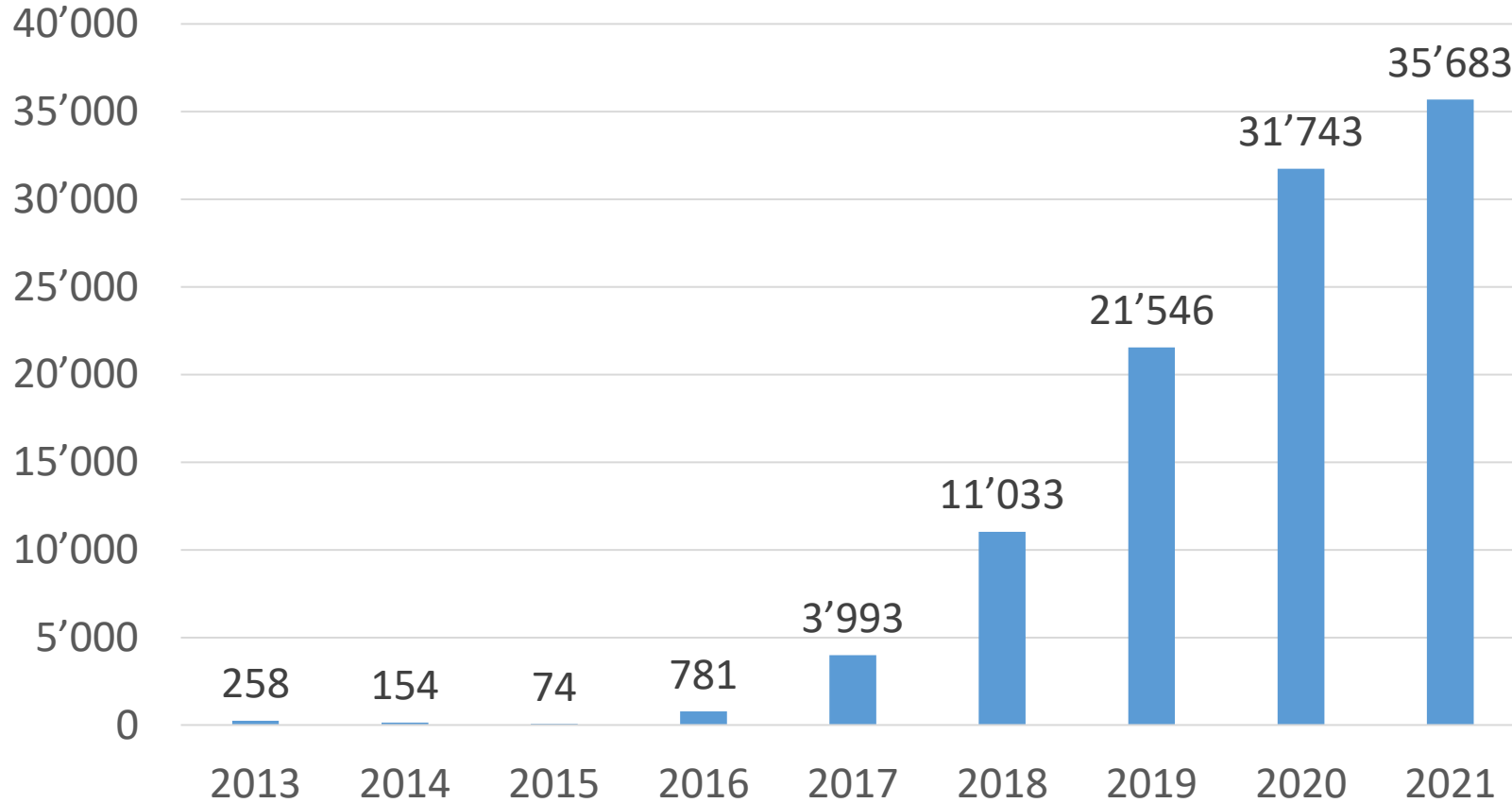


Achievements (1/2)



Achievements (2/2)

Total Safe Abortions provided
(by MSF and referred)



12% increase in volume compared to 2020, **14% increase of number of projects** (91 to 104).
The number of SAC referrals decreased by 52% (increase of SAC provision by MSF and less referrals)

Tools & Resources

MSF Safe Abortion Care Toolkit

January 2021

Click on the headings/links below to access MSF's latest SAC tools and resources.
Note: You must have a MSF email address in order to access SharePoint.

Briefing and Policy Documents

Brochures and PowerPoint Presentations that can be used to onboard new MSF staff.

MSF policies, resolutions and statements about safe abortion care from 2004 to 2019.

Exploring Values and Attitudes (EVA) Toolkit

Everything you need to facilitate an EVA workshop - including facilitator guides, template agenda, participant handouts, etc.

Updated Jan 2021 - includes tips for adapting EVA workshops to different audiences and contexts.

Clinical Trainings

PowerPoint Presentation and materials for full day, face to face training on medication abortion - updated Apr 2020

Online Course (5 videos) on how to provide an abortion with pills for humanitarian aid workers (in collaboration with HowToUse)

MSF Medication Abortion FlipBook and Counseling Guide

- Picture-based guidance explaining what will happen during an abortion with pills
- Support for providers on person-centered language and counseling during abortion consultations
- Available in multiple languages!

SAC Algorithm and SOP

Step-by-step instructions on how to conduct a consultation for SAC

Template standard operating procedure (SOP) for providing medication abortion

6 Steps for Safe Abortion Care Implementation

- 1. Organize EVA Workshops**

Want to start talking about abortion with your team but don't know where to start? [EVA Workshops](#) are a great way to open a dialogue about abortion and increase understanding and support for SAC - even in sensitive contexts.
 - 2. Educate Yourself & Others**

Anyone can learn about an abortion with pills - including non-medical profiles. [The eSAC course](#) is available in multiple languages and takes less than an hour. A PDF training booklet is available [here](#). There is also an 8 minute video about whole abortion & why MSF provides SAC.
 - 3. Engage with Stakeholders**

Yes, it's possible (and important!) to talk with local actors about abortion - including community leaders, Ministry of health officials, etc. Experience shows these conversations are often welcomed and very informative, especially when approached strategically. See [this](#) for more guidance.
 - 4. Assess Threats & Risks**

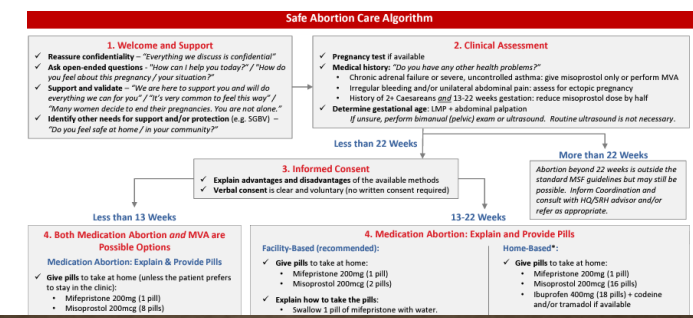
In order to provide SAC successfully, it's important to understand the context of access, the possible risks and to plan to reduce and manage those risks. An [assessment of risks, impacts & mitigation strategies](#) and a [Risk Matrix](#) are available to help you get started.
 - 5. Make a Plan**

Create a [SOP](#) for providing SAC. Think - Who will provide the abortion? - Where will the consultation take place? - What gestational age will be used? Don't forget about supply!
 - 6. Monitor & Evaluate**

Keep SAC-related data in an accessible and confidential way that can allow you to: - Review the data regularly to see what changes or improvements should be made to SAC service.
- Repeat!**
- Be sure to check in regularly to see if you need to re-evaluate your SAC implementation. Use the [SOP](#) as a tool to assess the risk matrix as contexts evolve and

EVA TOOLKIT

An MSF Toolkit for Exploring Values and Attitudes towards Abortion



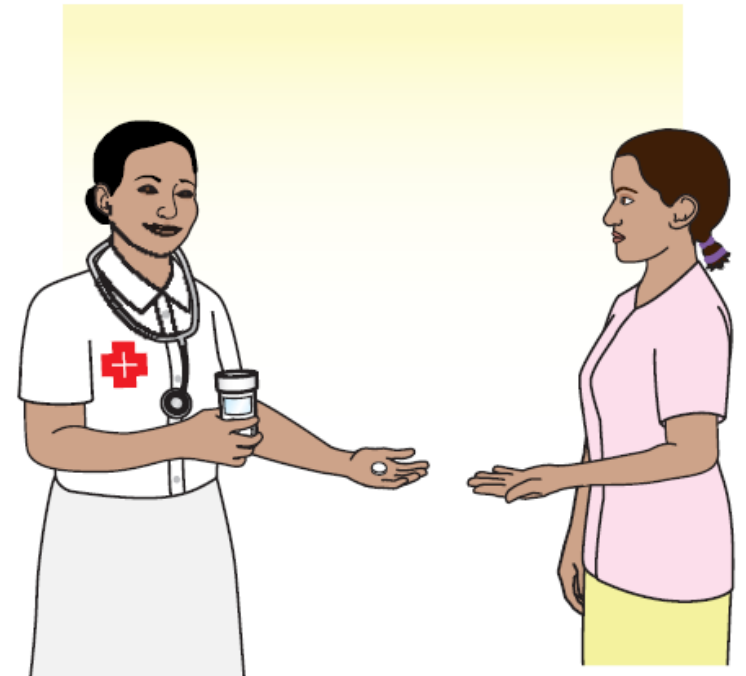
SAC implementation toolkit available in English, French, Spanish and Arabic

THE TABOO BREAKERS

An internal MSF film on the Task Force Supporting the Implementation of Safe Abortion Care in the Democratic Republic of Congo

Implementation

- Effective and widespread **use of these tools to support implementation**:
 - Work on context where we have missed opportunities.
- **SAC implementation is not a one-off**, invest in SAC implementors, SACI training, EVA workshops etc.
- Need to create and pilot more **innovative and self-managed models of care** , to share the lessons learned intersectionally and **upscale these efforts**.



MSF Identity

- Need for a **movement wide approach** – raised questions on **MSF identity, our ambitions, position itself** and **contribute to change**.
- Enabled **MSF to contribute and share lessons learned with external partners**: open about the care that we provide and why.
- HR: staff turnover: **information on SAC needs to be better integrated into the recruitment, on-boarding, retention, and promotion systems** within MSF.



Summary

- **Shift from catalytic role** (in the hands of a few) to **sustained ownership** (integration into the hands of many)
- **Integration of SAC into routine MSF medical action is improved, but still fragile.**
 - SAC implementers, SACI training, EVA workshop – work needs to continue.
- Given the sensitivity and political nature of abortion, MSF must invest in its **capacity to respond to challenges and opportunities as they arise.**
- As long as MSF provides SAC - especially in restrictive legal environments and at later gestational ages, we need to question if **continued resources are needed** not lose the important ground gained over the past 5 years.

