

## Making a difference

Two years of service delivery at 25 intervention sites in Zambia shows more women have access to safe abortion services

### THE OPERATIONS RESEARCH STUDY

Unsafe abortion contributes to maternal mortality worldwide, killing approximately 47,000 women each year (WHO 2011). In Zambia, 591 maternal deaths occur for every 100,000 live births, and roughly 30 percent of these deaths are due to unsafe abortion (Central Statistical Office et al. 2009; Webb 2000; Osborne 1993).

Despite the broad grounds under which the Termination of Pregnancy Act of 1972 legalized abortion, safe abortion services are not widely available in Zambia, forcing many women to seek unsafe abortions. In 2009, the Ministry of Health, University Teaching Hospital (UTH) and Ipas undertook an operations research (OR) study in Zambia, primarily to introduce medical abortion (MA) and demonstrate models for safe abortion services and community interventions on safe abortion to the extent allowed by the law. **Preventing unsafe abortions and the unwanted pregnancies preceding them could save women and the country hundreds of thousands of dollars.**

**Twenty-eight** hospitals and health centers in **Lusaka, Kafue** and on **the Copperbelt** were selected, assessed, and providers trained to provide treatment for unsafe abortions (postabortion care or PAC) and to provide safe and legal abortion services. Sites were monitored from January, 2010 through September, 2011 to examine service utilization and quality. Additional information was collected to capture provider and client perspectives on abortion care.

In addition, eight local community-based organizations were selected to raise awareness in communities on the prevention of unplanned pregnancy, the dangers of unsafe abortion, the abortion law in Zambia, and where to access safe abortion services. Local pharmacy workers were also trained to respond to clients seeking information on unplanned pregnancy in a more compassionate manner, to provide more accurate information on regimens and usage of medication abortion and to provide referral information to women seeking information about safe abortion services in a health facility.

### RESULTS AT A GLANCE

#### Medical abortion

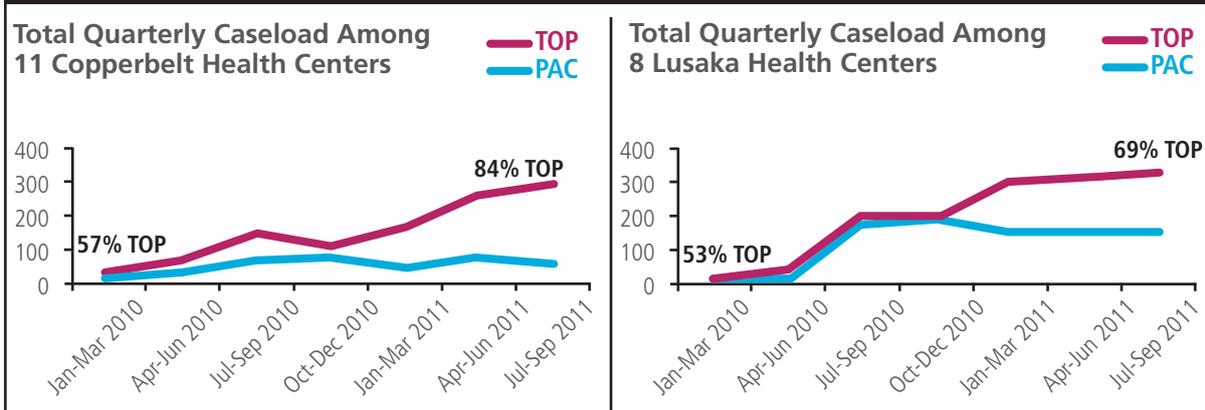
As the research was particularly focused on the introduction of medical abortion, clinical and service delivery issues were important to the study. Most of the women offered a choice of abortion procedure chose to have their procedure with medication, usually mifepristone and misoprostol (78%). However, study results indicate that providers seem to prefer MA for pregnancy termination—sometimes causing women to feel that they themselves did not choose their own abortion method. Although providers were trained to provide all methods of administration for misoprostol following mifepristone, by the end of the study providers felt most comfortable giving instructions for the sublingual route of administration of misoprostol taken by the woman at home and not in the health facility. Results indicate that approximately 50% of MA clients returned for their follow-up appointments, a point of initial concern to providers that diminished over time as they became more comfortable with the method.

#### How can we ensure a consistent mifepristone supply?

The drug supply for medical abortion was problematic during the study as mifepristone is yet to be integrated into the Medical Stores procurement and delivery system. Stock-outs were common during the early part of the intervention and have continued to curb the expansion of MA throughout the intervention sites. Maintaining a consistent supply of mifepristone is essential to ensuring consistent service availability as more women learn about and seek out MA services. However, MA distribution during the intervention improved networking and collaboration among facilities; to avoid stock-outs hospitals became drop-off and distribution points for drugs and took on a mentoring and on-site training role to nearby health centers.



## RESULTS SHOW INTERVENTION HEALTH CENTERS ARE PROVIDING MORE SAFE ABORTIONS AS UNSAFE ABORTION STARTS TO DECLINE



### Serving women with comprehensive abortion care

Of the 25 intervention facilities, 18 were health centers and seven were hospitals. These facilities provided more than 13,000 women with abortion care during the course of the study. Twenty percent of clients received induced abortions (2,766), while 80% were treated for complications of an unsafe abortion or miscarriage (10,881)—the most common cause for gynecological hospital admissions in Zambia.

More than 8 of 10 women who sought an abortion were less than 11 weeks pregnant, indicating that women are seeking care early, a concern particularly with young clients who have never been pregnant before and may be more likely to delay seeking care.

Although the OR intervention was focused on induced abortion, the introduction of PAC services was an important extra benefit. Prior to the intervention, only four of the hospitals and two health centers provided PAC, and only UTH provided induced abortion. While most PAC cases were treated in hospitals throughout the study, the intervention did succeed in expanding postabortion care to health centers—closer to where women live—in an effort to decentralize this important service and allow over-crowded hospital rooms to treat serious cases more efficiently.

Almost half of women who received abortion care left with a contraceptive method. If these women had tried to induce their abortions on their own or gone to unsafe providers, it is unlikely that they would have been counseled for contraception or received a method.

By the end of the intervention period, there was evidence that PAC cases have decreased in some communities where safe and legal abortion services are increasing—potentially indicating a decline in unsafe abortions as women begin to know about and seek safe and legal abortion services.

### Sources:

Osborne, C. (1993). *Sexual and Reproductive Health In Zambia*. Stockholm: Karolinska Institute, Department of International Health Care Research.

Webb, D. (2000). Attitudes To 'Kaponya Mafumo': the terminators of pregnancy in urban Zambia. *Health Policy and Planning*, 15(2), 186-193.

Central Statistical Office (CSO), Ministry of Health (MOH), Tropical Diseases Research Centre (TDRC), University of Zambia, & Macro International Inc. (2009). *Zambia Demographic and Health Survey 2007*. Calverton, Maryland, USA: CSO and Macro International Inc.