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.
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
- Lack of clarity on org. position on SAC
- Restrictive and confusing policies on SAC provision
- Lack of knowledge about and negative attitudes toward abortion

**Facilitators**
- Donors funding SAC in humanitarian settings
- Clear org. position in support of SAC
- Clarifying local laws and identifying opportunities for SAC provision
- Building SAC knowledge and conducting abortion values clarification workshops
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.

1. Have frank discussions about advantages and disadvantages of beginning SAC programming with organization leadership.
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. Analyze relevant laws and identify entry points for SAC programming in the countries where you work.
6. Discuss legal contact with local authorities and staff on all levels.
7. Conduct values clarification activities with staff at all levels.
8. Consider opportunities to incorporate SAC into existing programs; write SAC programming into upcoming proposals; approach new donors.
9. Identify local SAC champions and potential partners within local ministries.
The IRC helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.

For women and girls in crisis, 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.
IRC’s safe abortion care strategy

- Country-driven approaches to SAC service delivery
- Organizational commitment to SAC
- Favorable staff attitudes toward SAC
- Context-specific knowledge about SAC
Demonstrating organizational commitment

• Internal position statement
• compliance & risk mitigation guidance
• proposal development guidance
• talking points & FAQs.
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
## Transforming staff and provider attitudes

<table>
<thead>
<tr>
<th>Train cadre of IRC VCAT facilitators</th>
<th>Cascade VCAT workshops to country programs</th>
<th>Evaluate and plan next steps</th>
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### Workshops to date

<table>
<thead>
<tr>
<th>Country</th>
<th>Date</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Nigeria</td>
<td>March 2018</td>
<td>17</td>
</tr>
<tr>
<td>Tanzania</td>
<td>April 2018</td>
<td>18</td>
</tr>
<tr>
<td>Myanmar (2)</td>
<td>May 2018</td>
<td>27</td>
</tr>
<tr>
<td>Uganda (2)</td>
<td>May 2018</td>
<td>39</td>
</tr>
<tr>
<td>Sierra Leone &amp; Liberia</td>
<td>July 2018</td>
<td>30</td>
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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

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<th>Nigeria</th>
<th>Tanzania</th>
<th>Uganda</th>
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<tr>
<td>Pre-test</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>Post-test</td>
<td>5</td>
<td>4</td>
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</table>
Abortion should be available to a young, unmarried woman who has an unwanted pregnancy

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

Pre-test

Post-test

Nigeria

Tanzania

Uganda
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 care is an important motivator – country programs can’t move forward without it
Thank you!