

Indicators for the Essential Elements of Postabortion Care

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Aim: To identify indicators that can be used to monitor and evaluate postabortion care (PAC) programs within the context of the Essential Elements model.

This document is meant to provide guidance to program managers, coordinators, directors and evaluators in identifying appropriate indicators for the design or development of PAC projects or activities at the country level¹. The indicators in the framework below can be used in monitoring and evaluating the progress of projects and activities designed and implemented using the *Essential Elements of PAC* model².

When we speak of the Essential Elements of PAC, we are referring to the following³:

1) community and service provider partnerships; 2) counseling; 3) treatment of incomplete and unsafe abortion; 4) contraceptive and family planning services; and 5) reproductive and other health services.

We would like to offer you the following recommendations and considerations when using this framework to identify indicators:

- When deciding on indicators, pick your indicators on the basis of what you want as your results.
- Where there were no specific PAC indicators available, we adopted indicators from other areas of reproductive health, such as family planning, Safe Motherhood, and HIV.
- Although some indicators included in this document indicate a time frame (ex. within the last year), you may adjust the time frame of your indicator according to project needs.
- Indicators for each essential element are ordered according to 1) Quality; 2) Access/Availability; 3) Use of service for ease of use.

Essential Element #1: Community and Service Provider Partnerships

Key facets of element

Prevent unwanted pregnancies and unsafe abortion

Mobilize resources to help women receive appropriate and timely care for obstetric complications (including abortion-related complications)

Ensure that health services reflect and meet community expectations and needs

Possible indicators

Quality of Care

Health Service Provider

Among community members, service providers and/or administrators, percentage who judge or blame PAC clients for their situation⁴

Percent of service providers and administrators who report negative attitudes towards PAC clients⁴

Percent of service providers who are willing to report discrimination against PAC clients⁴

Percent of service providers who know of PAC patients who in the past 12 months were a)neglected; b)denied care; c) verbally abused⁴

Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse⁴

Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse⁴

Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients⁴

Community

Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs⁵

According to the community members, the percentage of public health centers that provide quality health services¹¹

Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused⁴

Essential Element #1: Community and Service Provider Partnerships (cont.)

Access/Availability

<i>Health Service Provider</i>
Number of service delivery points where PAC service activities are incorporated into standard protocols ⁵
Number of service delivery points where PAC service activities are incorporated into budgets ⁵
Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse ⁴
Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients ⁴
<i>Community</i>
Number of communities involved in PAC policymaking ⁵
Number of NGO/faith-based organization(FBO)/community-based organization (CBO) networks or coalitions providing PAC services ⁵
Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs ⁵
Percentage of the population surveyed/target audience who know the location of emergency obstetric services ¹¹
Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC ⁵
Number of communities that have an established transport plan for obstetric emergencies ⁵
Average time in seeking care measured from when the problem is recognized to when services are identified ⁶
Average time in reaching care measured from when services are identified to when services are reached ⁶
Percentage of clients served by PAC programs who are members of vulnerable or underserved populations ⁵
Percentage of men and women aged 15-49 who can cite one danger sign of an obstetric emergency ⁵
Percent of audience/population surveyed that know three primary warning/danger signs of obstetric complications ⁷

Essential Element #1: Community and Service Provider Partnerships (cont.)

Use
Percentage of the population surveyed/target audience who would help a woman with an obstetric emergency receive health services ¹¹
Percentage of the population surveyed/target audience who intend to immediately access PAC services in the event of an obstetric emergency ¹¹
Number of women provided emergency PAC treatment during the past year ⁵
Percentage of clients served by PAC programs who are members of vulnerable or underserved populations ⁵
Number of acceptors new to modern contraception ⁷
Number/percent of project participants using a form of modern contraceptive to prevent unplanned pregnancy or space births ¹¹
Percentage of men and women aged 15-49 who can cite one danger sign of an obstetric emergency ⁵
According to the community members, the percentage of public health centers that provide quality health services ¹¹
Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse ⁴ .
Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused ⁴
Percent of population surveyed that know three primary warning/danger signs of obstetric complications ⁷
Notes
Many existing indicators for the community element of PAC are indicators that measure change on the population and policy-level, rather than at the community level.

Essential Element #2: Counseling

Key facets element

From first until last contact, the provider and client should work to identify and address broader emotional and physical health needs and other concerns.

Possible indicators

Quality of care

Health Service Provider

Percentage of service delivery points providing postabortion care services that meet a *defined standard of quality*^{5, 10}
(See Appendix A for a definition of *quality*.)

Percent of service providers who know of PAC patients who in the past 12 months were a)neglected; b)denied care; c) verbally abused⁴

Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse⁴

Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse⁴

Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients⁴

Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused⁴

Percent of service providers who are willing to report discrimination against PAC clients⁴

Number of PAC providers trained and certified as competent⁸ (An adapted form of this indicator could be one disaggregated by the element of PAC in which the provider has been trained.)

Number of qualified PAC trainers developed in the past year⁹

Maintenance of confidentiality of patient records and information exchanged between providers and patients¹⁰

Percent of providers demonstrating respect for women's needs for privacy during treatment¹⁰

Percent of providers demonstrating nonjudgmental attitudes towards PAC clients¹⁰

Adherence to practices of informed choice for patient decisions¹⁰

Percent of patients who receive information about their diagnosis, treatment, prognosis, follow-up care necessary and post-treatment complications¹⁰

Essential Element #2: Counseling (cont.)

Quality of care (cont.)
<i>Health Service Provider (cont.)</i>
Percent of PAC patients who wish to receive a contraceptive method at the time of treatment and who receive the following information: assessment of the woman's personal situation; contraceptive options; method use; side effects of the method selected; and resupply options ¹⁰
<i>Community</i>
<i>(No indicators found in literature)</i>
Access/Availability
<i>Health Service Provider</i>
Number/percent of service delivery points providing postabortion care services by type and geographic location ⁷
Percentage of service delivery points providing postabortion care services that meet a <i>defined standard of quality</i> ^{5,10} (See Appendix A for a definition of <i>quality</i> .)
Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC ⁵
Percent of service providers and administrators who report negative attitudes towards PAC clients ⁴
Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse ⁴
Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse ⁴
Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused ⁴
Number/percent of practitioners trained in PAC by cadre and geographic distribution ⁷
Number of PAC providers trained and certified as competent ⁸ (An adapted form of this indicator could be one disaggregated by the element of PAC in which the provider has been trained)
Number of qualified PAC trainers developed in the past year ⁸
Maintenance of confidentiality of patient records and information exchanged between providers and patients ¹⁰
Percent of providers demonstrating respect for women's needs for privacy during treatment ¹⁰
Percent of providers demonstrating nonjudgmental attitudes towards PAC clients ¹⁰

Essential Element #2: Counseling (cont.)

Access/Availability (cont.)

Health Service Provider (cont.)

Adherence to practices of informed choice for patient decisions¹⁰

Percent of patients who receive information about their diagnosis, treatment, prognosis, follow-up care necessary and post-treatment complications⁷

Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years⁵ (e.g. PAC treatment)

Number of service delivery points where PAC service activities are incorporated into standard protocols⁵

Number of service delivery points where PAC service activities are incorporated into budgets⁵

Number of NGO/faith-based organization(FBO)/community-based organization (CBO) networks or coalitions providing PAC services⁵

Community

Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC⁵

Use

Total number of hospital admissions for abortion-related complications⁷

Number of communities that have an established transport plan for obstetric emergencies⁵

Essential Element #3: Treatment

Key facets of element

Treat incomplete and unsafe abortion and potentially life-threatening complications

Possible indicators

Quality of care

Health Service Provider

Percentage of service delivery points providing postabortion care services that meet a *defined standard of quality*^{5,10} (See Appendix A for a definition of *quality*.)

Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years⁵ (e.g. PAC treatment)

Percent of service providers and administrators who report negative attitudes towards PAC clients⁴

Percent of service providers who know of PAC patients who in the past 12 months were a)neglected; b)denied care; c) verbally abused⁴

Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse⁴

Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse⁴

Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients⁴

Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused⁴

Percent of service providers who are willing to report discrimination against PAC clients⁴

Number of PAC providers trained and certified as competent⁸

Number of qualified PAC trainers developed in the past year⁹

Availability of safe, effective technologies for uterine evacuation¹⁰

Adherence to current/updated practices for uterine evacuation¹⁰

Adherence to practices of informed choice for patient decisions¹⁰

Adherence to current/updated infection prevention practices (universal precautions)¹⁰

Existence of hygienic service delivery environment¹⁰

Maintenance of confidentiality of patient records and information exchanged between providers and patients¹⁰

Percent of providers demonstrating respect for women's needs for privacy during treatment¹⁰

Essential Element #3: Treatment (cont.)

Quality of care (cont.)

Health Service Provider (cont.)

Percent of providers demonstrating nonjudgmental attitudes towards PAC clients¹⁰

Average length of time from patient arrival at the health care facility until treatment¹⁰

Community

Mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning¹⁰

Availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management¹⁰

Average length of time from patient arrival at the health care facility until treatment¹⁰

Access/Availability

Health Service Provider

Percentage of service delivery points providing postabortion care services that meet a *defined standard of quality*^{5,10} (See Appendix A for a definition of *quality*.)

Number/percent of service delivery points providing postabortion care services by type and geographic distribution⁷

Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years⁵

Number/percent of practitioners trained in PAC by type and geographic distribution⁷

Number of PAC providers trained and certified as competent⁸

Number of qualified PAC trainers developed in the past year⁸

Availability of safe, effective technologies for uterine evacuation¹⁰

Adherence to current/updated practices for uterine evacuation¹⁰

Percent of patients treated with appropriate technology¹⁰

Adherence to current/updated infection prevention practices (universal precautions)¹⁰

Maintenance of confidentiality of patient records and information exchanged between providers and patients¹⁰

Percent of providers demonstrating respect for women's needs for privacy during treatment¹⁰

Percent of providers demonstrating nonjudgmental attitudes towards PAC clients¹⁰

Essential Element #3: Treatment (cont.)

Access/Availability (cont.)
<i>Health Service Provider (cont.)</i>
Adherence to practices of informed choice for patient decisions ¹⁰
Existence of hygienic service delivery environment ¹⁰
Average length of time from patient arrival at the health care facility until treatment ¹⁰
Mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning ⁹
Availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management ⁹
Number of service delivery points where PAC service activities are incorporated into standard protocols ⁵
Number of service delivery points where PAC service activities are incorporated into budgets ⁵
Number of NGO/faith-based organization(FBO)/community-based organization (CBO) networks or coalitions providing PAC services ⁵
<i>Community</i>
Percentage of clients served by PAC programs who are members of vulnerable or underserved populations ⁵
Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC ⁵
Number of communities that have an established transport plan for obstetric emergencies ⁵
Average length of time from patient arrival at the health care facility until treatment ¹⁰
Use
Total number of hospital admissions for abortion-related causes ⁷
Number of women provided emergency PAC treatment during the past year ⁵
Percentage of clients served by PAC programs who are members of vulnerable or underserved populations ⁵
Average length of time from patient arrival at the health care facility until treatment ¹⁰
In sites where emergency treatment is not available, the number of women triaged and referred for PAC emergency treatment in the past year ⁵

Essential Element #4: Contraceptive and family planning services

Key facets of element

Help women prevent an unwanted pregnancy or practice birth spacing

Possible indicators¹¹

Quality of Care

Health Service Provider

Percentage of service delivery points providing postabortion care services that meet a *defined standard of quality*^{5,10} (See Appendix A for a definition of *quality*.)

Percent of service providers and administrators who report negative attitudes towards PAC clients⁴

Percent of service providers who know of PAC patients who in the past 12 months were a) neglected; b) denied care; c) verbally abused⁴

Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused⁴

Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse⁴

Percent of service providers who are willing to report discrimination against PAC clients⁴

Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse⁴

Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients⁴

Number of PAC providers trained and certified as competent⁸

Number of qualified PAC trainers developed in the past year⁹

Number/percent of clients at facilities counseled in family planning counseling⁸

Of those women receiving PAC services during the past year, the percentage of women referred for a family planning method prior to leaving the facility⁵

Number/percent of clients who were referred for a family planning method outside of the PAC service delivery area⁹

Percent of PAC patients who receive FP counseling that includes at least the following information: pregnancy can occur immediately; use of a contraceptive method can delay a subsequent pregnancy if the women wishes a method; and location where she can obtain a method¹⁰

Percent of PAC patients who receive family planning prior to departure from a facility¹⁰

Essential Element #4: Contraceptive and family planning services (cont.)

Quality of Care (cont.)

Health Service Provider

Percent of PAC patients who wish to receive a contraceptive method before discharge and who receive the following information: assessment of the woman's personal situation; contraceptive options; method use; side effects of the method selected; and resupply options¹⁰

Availability of a range of contraceptive methods¹⁰

Number of service delivery points where PAC service activities are incorporated into standard protocols⁵

Number of service delivery points where PAC service activities are incorporated into budgets⁵

Existence of hygienic service delivery environment¹⁰

Maintenance of confidentiality of patient records and information exchanged between providers and patients¹⁰

Percent of providers demonstrating respect for women's needs for privacy during treatment¹⁰

Percent of providers demonstrating nonjudgmental attitudes towards PAC clients¹⁰

Adherence to practices of informed choice for patient decisions¹⁰

Community

(No indicators found in literature)

Access/Availability

Health Service Provider

Number/percent of clients at facilities counseled in family planning^{8,9}

Number/percent of clients who were referred for a family planning method outside of the PAC service delivery area⁹

Number/percent of service delivery points that offer family planning to postabortion care patients⁷

Number/percent of service delivery points providing postabortion care services by type and geographic distribution⁷

Number/percent of practitioners trained in PAC by type and geographic distribution⁷

Number of PAC providers trained and certified as competent⁸

Number of qualified PAC trainers developed in the past year⁹

Essential Element #4: Contraceptive and family planning services (cont.)

Access/Availability (cont.)

Health Service Provider

Percent of PAC patients who receive FP counseling that includes at least the following information: pregnancy can occur immediately; use of a contraceptive method can delay a subsequent pregnancy if the women wishes a method; and location where she can obtain a method¹⁰

Availability of a range of contraceptive methods¹⁰

Existence of hygienic service delivery environment¹⁰

Maintenance of confidentiality of patient records and information exchanged between providers and patients¹⁰

Percent of providers demonstrating respect for women's needs for privacy during treatment¹⁰

Percent of providers demonstrating nonjudgmental attitudes towards PAC clients¹⁰

Adherence to practices of informed choice for patient decisions¹⁰

Number of service delivery points where PAC service activities are incorporated into standard protocols (that include FP)⁵

Number of service delivery points where PAC service activities are incorporated into budgets⁵

Number of NGO/faith-based organization(FBO)/community-based organization (CBO) networks or coalitions providing PAC services⁵

Community

Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC⁵

Use

Number/percent of clients at facilities counseled in family planning^{8,9}

Number/percent of clients who accept and leave with a method⁸

Number/percent of clients who were referred for a family planning method outside of the PAC service delivery area⁹

Number/percent of PAC clients at target facilities who received family planning counseling⁹

Of those women receiving PAC services during the past year, the percent of women who received a family planning method prior to leaving the facility⁵

Total number of hospital admissions for abortion-related complications⁷

Percent of PAC patients who wish to receive a contraceptive method before discharge and who receive the following information: assessment of the woman's personal situation; contraceptive options; method use; side effects of the method selected; and resupply options ¹⁰
Of those women receiving PAC services during the past year, the percentage of women who received a family planning method prior to leaving the facility ⁵
Percent of PAC patients who receive a contraceptive method prior to departure from the health care facility ¹⁰
Availability of a range of contraceptive methods ¹⁰
Essential Element #4: Contraceptive and family planning services (cont.)
Notes
Indicators need to explore postabortion family planning within the context of unmet need given that, for some women, the pregnancy may have been desired.

Essential Element #5: Reproductive and health services

Key facets of element

Preferably provide on-site or via referrals to other accessible facilities in providers' networks

Possible indicators

Quality of Care

Health Service Provider

Percentage of service delivery points providing postabortion care services that meet a *defined standard of quality*^{5,10} (See Appendix A for a definition of *quality*.)

Percentage of PAC clients who receive STI/HIV/AIDS services during a given visit⁵

Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs⁵

Percent of service providers and administrators who report negative attitudes towards PAC clients⁴

Percent of service providers who know of PAC patients who in the past 12 months were a) neglected; b) denied care; c) verbally abused⁴

Number of health facilities that have policies to protect against discrimination by protecting clients' rights and providing recourse⁴

Number or percent of institutions/facilities enforcing policies guaranteeing access/rights and providing recourse⁴

Percent of service providers who are aware of policies guaranteeing access/rights to PAC clients⁴

Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused⁴

Percent of service providers who are willing to report discrimination against PAC clients⁴

Number of PAC providers trained and certified as competent⁸

Number of qualified PAC trainers developed in the past year⁹

Number of service delivery points where PAC service activities are incorporated into standard protocols (that include RH etc)⁵

Number of service delivery points where PAC service activities (including RH activities) are incorporated into budgets⁵

Percent of PAC patients at risk of HIV/STI referred for testing and counseling¹⁰

Adherence to current/updated infection prevention practices (universal precautions)¹⁰

Existence of hygienic service delivery environment¹⁰

Essential Element #5: Reproductive and health services (cont.)

Quality of Care (cont.)
<i>Health Service Provider (cont.)</i>
Maintenance of confidentiality of patient records and information exchanged between providers and patients ¹⁰
Percent of providers demonstrating respect for women's needs for privacy during treatment ¹⁰
Percent of providers demonstrating nonjudgmental attitudes towards PAC clients ¹⁰
Adherence to practices of informed choice for patient decisions ¹⁰
Quality of Care
<i>Community</i>
<i>(No indicators found in literature)</i>
Access/Availability
<i>Health Service Provider</i>
Total number of hospital admissions for abortion-related complications ⁷
Percentage of service delivery points providing postabortion care services that meet a <i>defined standard of quality</i> ^{5,10} (See Appendix A for a definition of <i>quality</i> .)
Number/percent of service delivery points providing postabortion care services by type and geographic distribution ⁷
Percentage of PAC clients who receive STI/HIV/AIDS services during a given visit ¹⁰
Number/percent of practitioners trained in PAC by type and geographic distribution ⁷
Number of PAC providers trained and certified as competent ⁸
Number of qualified PAC trainers developed in the past year ⁹
Adherence to current/updated infection prevention practices (universal precautions) ¹⁰
Existence of hygienic service delivery environment ¹⁰
Maintenance of confidentiality of patient records and information exchanged between providers and patients ¹⁰
Percent of providers demonstrating respect for women's needs for privacy during treatment ¹⁰
Percent of providers demonstrating nonjudgmental attitudes towards PAC clients ¹⁰
Adherence to practices of informed choice for patient decisions ¹⁰
Number of service delivery points where PAC service activities are incorporated into standard protocols (that include RH etc) ⁵

Essential Element #5: Reproductive and health services (cont.)

Access/Availability (cont.)

Health Service Provider (cont.)

Number of service delivery points where PAC service activities are incorporated into budgets⁵

Number of NGO/faith-based organization(FBO)/community-based organization (CBO) networks or coalitions providing PAC services⁵

Number and percentage of medical and nursing schools incorporating PAC into their curricula, updated in the last five years⁵ (e.g. PAC RH and health services)

Community

Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC⁵

Use

Total number of hospital admissions for abortion-related complications⁷

Percentage of PAC clients who receive STI/HIV/AIDS services during a given visit⁵

Percent of PAC patients at risk of HIV/STI referred for testing and counseling¹⁰

Percent of PAC clients referred to other reproductive health services⁸

Number/percent of PAC clients at target facilities who were referred for other reproductive health services⁹

¹ One source for global-level indicators for PAC projects or activities is the USAID Postabortion Care Strategy Paper, October 2004.

² The Essential Elements of PAC model was developed by the PAC Consortium's Community Task Force. The key facets listed for each of the elements were also developed by the Community Task Force. Please consult *Essential Elements of Postabortion Care: An Expanded and Updated Model*, "PAC in Action#2 Special Supplement," September 2002, to learn about this model.

³ USAID/Washington has a three-element model for postabortion care: 1) emergency treatment for complications of spontaneous or induced abortion; 2) family planning counseling, service provision and referral for selected reproductive health services; 3) and community awareness and mobilization. Indicators cited from the USAID PAC Strategy are based on this three-element model.

⁴ Indicators are adapted from indicators on HIV stigma, as described in *Working Report Measuring HIV Stigma: Results of a Field Test in Tanzania*, Tanzania Stigma Indicators Field Test Group, June 2005, http://www.synergyaids.com/documents/StigmaIndicatorsReportFinal_JuneEdited.pdf.

⁵ USAID PAC Strategy, October 2004

⁶ Adapted from the indicator time from arrival to treatment, *Design and Evaluation of Safe Motherhood Programs*, Center for Population and Family, Columbia School of Public Health (now the Heilbrun Center for Population and Family Health, Mailman School of Public Health), 1997.

⁷ Adapted or adapted from J Bertrand and G Escudero, *Compendium of indicators for evaluating reproductive health programs, volume two*, MEASURE Evaluation Manual Series, No. 6, August 2002

⁸ Adopted from JHPIEGO/Malawi

⁹ Adopted from ACCESS/Haiti 2005 Workplan

¹⁰ The term *defined standard of quality*, used in Bertrand and Escudero (2002), consists of five components – appropriate technologies, technical performance, patient-provider interactions, information and counseling, equipment, supplies and medications – and each with related indicators. The related indicators have been integrated into this framework. See appendix A for a full list of these indicators.

¹¹ Community PAC Program in Bolivia, USAID/ProSalud/Socios para el Desarrollo