Self-Managed Abortion

Barrier Assessment Tool (BAT)

November 2023

# Overview

The Barrier Assessment Tool (BAT) has been created as part of the Self-managed Abortion Advocacy (SMAA) led by the Zambia Association of Gynaecologists & Obstetricians (ZAGO) with support from the International Federation of Gynecology and Obstetrics (FIGO).

The BAT is a tool to gather information on potential barriers to accessing self-managed (medical) abortion in the first trimester. This BAT is developed in view of the March 2022 WHO Guidelines on improved quality abortion care services.

**Who is this tool for?**

The BAT is intended to be used to record information on barriers. The Data Collectors will need to engage individual facilities to gather facility-level information as well as engaging community health volunteers to obtain community level information.

**How do I use this tool?**

The BAT is to be used at the start of the project to get information on possible barriers to accessing medical (self-managed) abortion services. It should inform the development of the action plan and the activities that will be implemented to overcome the identified barriers. The tool can be repeated at the end of the project to determine any changes that would have occurred.

**Filling in the BAT**

The majority of the questions require a Yes, No or Not Applicable (N/A) answer. The section for comments is provided to capture as much details about the question raised.

# KEY DETAILS

|  |  |  |
| --- | --- | --- |
| **Names of Data Collectors** |  | |
| **Key Data Sources**  *(Position + Organisation)* |  | |
| **Type of Health Facility** | **Tick Level of Facility** | |
|  | Health Post |  |
|  | Health Centre/Clinic |  |
|  | First Level Hospital |  |
|  | General Hospital |  |
|  | Central Hospital |  |
|  | Tertiary (Teaching Hospital) |  |
| **Date Completed** |  | |

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## 

**Definitions:**

Self-managed abortion is defined as “termination of pregnancy within the first 12 weeks of pregnancy, by the client outside of a health care facility (for example, at home), in whole or in part”

Self-managed medical abortion can be conducted by the client and takes the following process:

1. Initial contact with Health provider for assessment of eligibility (determining pregnancy duration; ruling out contra-indications)
2. Self-administration of abortion medicines outside of a health care facility and without the direct supervision of a trained health worker, and management of the abortion process
3. Self-assessment of the success of the abortion

**NB:**

In the questions, hospital is used to imply both a hospital and/or health facilities that provide abortion care services. The term hospital has been used as it is in line with the current legal framework in the country.

## PART 1 – NATIONAL LEVEL

This section requires to gather information at **NATIONAL LEVEL.** Policy makers, MoH Managers, other actors in abortion care services should be targeted to complete this section. All relevant information should be recorded.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **National Level** | **Yes** | **No** | **N/A** |
| 1.1 | Does the nation have a clear position on self-management of medical abortion? |  |  |  |
|  | **Comment:** | | | |
| 1.2 | Are there national guidelines in support of self-management of medical abortion? |  |  |  |
|  | **Comment:** | | | |
| 1.3 | Are there national clinical protocols on self-management of medical abortion? |  |  |  |
|  | **Comment:** | | | |
| 1.4 | Are there national job aids on self-management of medical abortion? |  |  |  |
|  | **Comment:** | | | |
| 1.5 | Does the country have an effective procurement system for medicines used in medical abortion? |  |  |  |
|  | **Comment:** | | | |
| 1.6 | Do government hospitals always have adequate stock of medicines used for medical abortion (no stock outs)? |  |  |  |
|  | **Comment:** | | | |
| 1.7 | Do the national data collection tools capture data on women accessing self-managed medical abortion care (Registers, Tally Sheets, Report forms)? |  |  |  |
|  | **Comments:** | | | |
| 1.8 | Are there organizations that are known to advocate for self-management of medical abortion? |  |  |  |
|  | **Comment:** | | | |

## PART 2 – HOSPITAL (HEALTH FACILITY) LEVEL

This section is to gather **HOSPITAL (HEALTH FACILITY) LEVEL** information. The Facility Focal Person or Provider should be targeted to complete this section. All relevant information should be recorded.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2.1** | **Access and Physical Environment** | **Yes** | **No** | **N/A** | |
| 2.1.1 | Does this hospital currently offer any telemedicine services, where women and girls can speak to doctors by phone? |  |  |  | |
|  | **Comment:** | | | | |
| 2.1.2 | Does this hospital offer women and girls the option for virtual appointment with health care provider to discuss options and prescribe medical abortion? |  |  |  | |
|  | **Comment:** | | | | |
| 2.1.3 | Does this hospital offer women and girls the option to take first medication (Mifepristone) at home? |  |  |  | |
|  | **Comment:** | | | | |
| 2.1.4 | Does this hospital offer women and girls the option to take second dose of medications (Misoprostol) at home? |  |  |  | |
|  | **Comment:** | | | | |
| 2.1.5 | Does this hospital offer women and girls information and the option not to return to the facility after taking the medicines, unless needed? |  |  |  | |
|  | **Comment:** | | | | |
| 2.1.6 | Are women and girls able to walk-in to the facility without an appointment to seek self-managed abortion care services? |  |  |  | |
|  | **Comment:** | | | | |
| **2.2** | **Guidelines and Documents** | **Yes** | **No** | **N/A** | |
| 2.2.1 | Does the hospital have in place the National Standards and Guidelines for comprehensive abortion care? |  |  |  | |
|  | **Comment:** | | | | |
| 2.2.2 | Are there any job aids in place to support the provision of self-managed abortion care? |  |  |  | |
|  | **Comment:** | | | | |
| 2.2.3 | Are there any communication materials with information on self-managed abortion care for clients to read and take home? |  |  |  | |
|  | **Comment:** | | | | |
| **2.3** | **Equipment and Supply** | **Yes** | **No** | **N/A** | |
| 2.3.1 | Does the hospital always have adequate stocks of mifepristone plus misoprostol for provision of safe self-managed (medical) abortion? If not, provide details |  |  |  | |
|  | **Comment:** | | | | |
| 2.3.2 | Does the hospital always have adequate stocks of misoprostol only for provision of safe self-managed (medical) abortion? If not, provide details |  |  |  | |
|  | **Comment:** | | | | |
| 2.3.3 | Does the hospital always have adequate stocks of letrozole plus misoprostol for provision of safe self-managed (medical) abortion? If not, provide details |  |  |  | |
|  | **Comment:** | | | | |
| **2.4** | **Provision and Staff Training** | **Yes** | **No** | **N/A** | |
| 2.4.1 | Have all relevant health care providers received necessary training on self-managed abortion to help women and girls handle medical abortion at home and to self-assess effectiveness? |  |  |  | |
|  | **Comment:** | | | | |
| 2.4.2 | Does the hospital leadership encourage providers to offer self-management options to women and girls (including taking medical abortion at home and self-assessing the effectiveness? |  |  |  | |
|  | **Comment:** | | | | |
| 2.4.3 | Are women and girls provided with details on how to get more information on self-managed abortion and/or dealing with complications? |  |  | |  |
|  | **Comment:** | | | | |
| **1.5** | **Financial** | **Yes** | **No** | | **N/A** |
| 2.5.1 | Are there health care providers that ask women and girls to pay some money for seeking self-managed abortion care? If yes, how much is charged? |  |  | |  |
|  | **Comment:** | | | | |
| 2.5.2 | Are there additional costs for a woman or girl who receives medical abortion care at the facility compared with self-managed abortion? |  |  | |  |
|  | **Comment:** | | | | |

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## PART 3 – COMMUNITY CONTEXT

This section is to gather **COMMUNITY LEVEL** information. To get a clearer data, the interview should target community safe motherhood groups or community health workers and/or clients receiving safe abortion services.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3.1 | Funding & perception of services | **Yes** | **No** | **N/A** |
| 3.1.1 | Do you think women and girls consider self-managed abortion care socially acceptable? Why do you say so? |  |  |  |
|  | **Comment:** | | | |
| 3.1.2 | Do you think women and girls would prefer having consultation by phone on taking drugs to manage the abortion? If so, why? |  |  |  |
|  | **Comment:** | | | |
| 3.1.3 | Do you think women and girls would prefer taking medication for abortion at home rather than in the health facility? Why? |  |  |  |
|  | **Comment:** | | | |
| 3.1.4 | Do you think women and girls would prefer assessing the effectiveness of medical abortion at home rather than in the health facility? Why do you say so? |  |  |  |
|  | **Comment:** | | | |
| 3.1.5 | Are there any reasons a woman or girl may not be able to receive self-managed abortion care from a facility, even if she is eligible? If yes, please provide details. |  |  |  |
|  | **Comment:** | | | |
| 3.1.6 | In the event the facility is unable to provide self-managed abortion care services, are women and girls referred to other facility providing services in an appropriate and timely way? If yes, provide details below. |  |  |  |
|  | **Comment:** | | | |
| 3.1.7 | Are there trained community health volunteers that provide health education on self-managed abortion care? If yes, provide details |  |  |  |
|  | **Comment:** | | | |