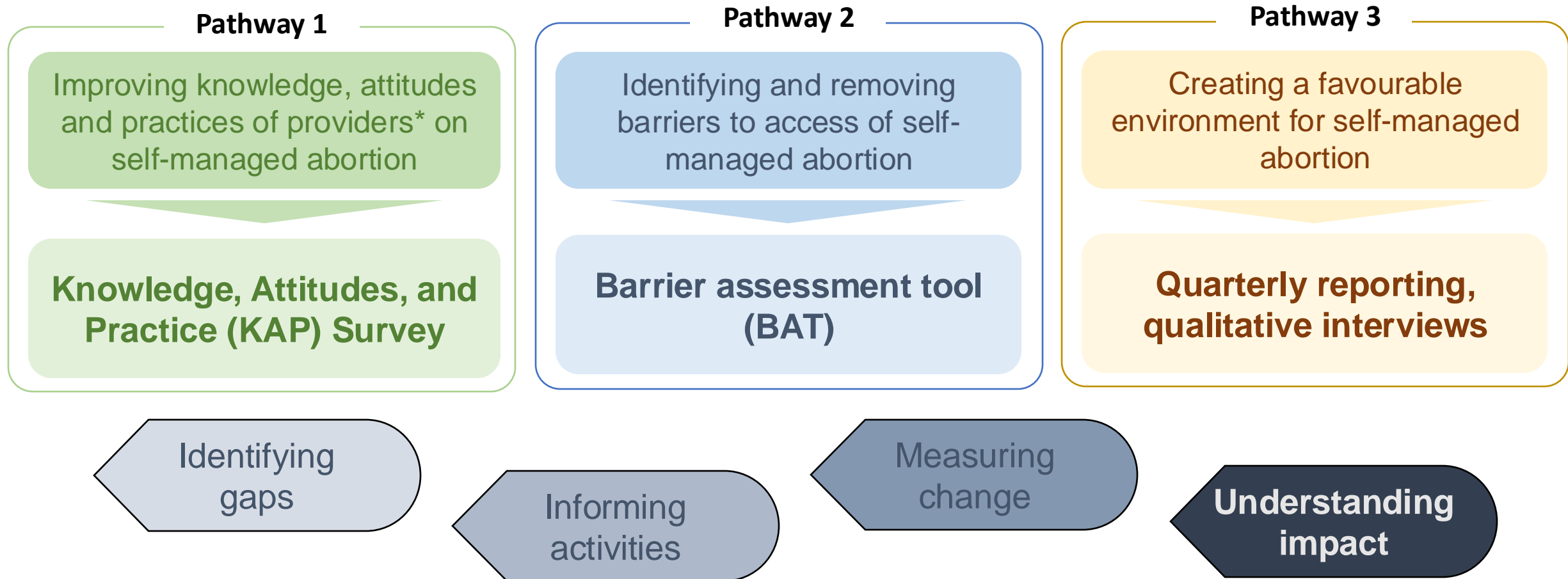


Overview – Implementation of WHO Guidelines on Self-Management Abortion



The project has contributed to improvements in HCP's Knowledge of and Attitudes towards self-managed abortion

Knowledge, Attitudes, and Practice (KAP) Survey

Structural equation modeling (SEM)

- *Knowledge correlated with practice.*
- *Attitudes correlated with practice.*
- **Possible explanation:** practice of self-managed abortion (safety and benefit seen first hand), develops more positive attitudes.
- Continued mentoring, repeat training and exposure, would ensure that change is widespread and sustainable.

K

- Improved HCP's **knowledge** of self-managed abortions.

A

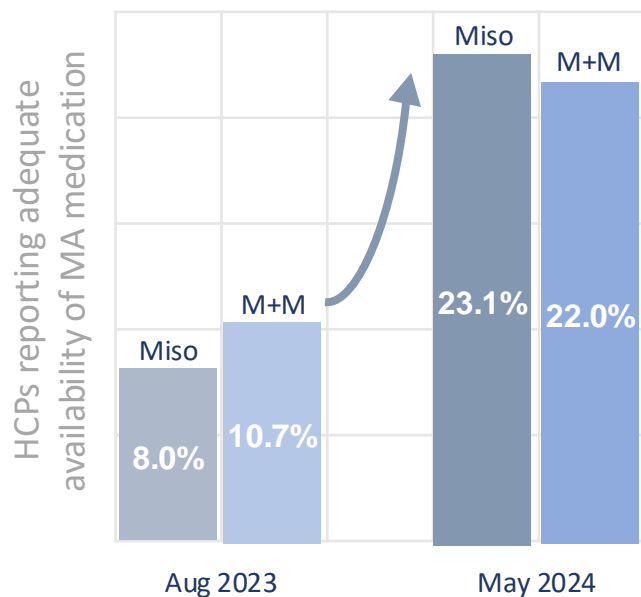
- Increased understanding of the **benefits** to women and girls, and healthcare facilities and providers;
- Increased confidence of HCPs in women and girls' ability to assess if their self-managed abortion was successful.

P

- Increased number of **HCPs trained** to provide self-managed abortions;
- Increased **reference** to guidelines, protocols and job aids on self-managed abortion
- Increased number of HCPs allowing women and girls to self-assess eligibility for self-managed abortions.

Commodities

Barrier assessment tool (BAT)



Commodity stock outs frequent, limiting the access to medical abortion

Consultation with the Zambia Medicines and Medical Supplies Agency (ZAMMSA)

Originally planned activity altered to a training in forecasting and quantification of drugs for 14 pharmacy personnel (crucial stakeholders) in 10 target areas

Baseline/endline comparison – Initial improvements in availability of miso and mife+miso

The project has tackled a number of barriers at the provider and community level

Providers

- Improved drug availability
- Improved engagement from facility leadership
- Increased communication on self-managed abortions between HCPs and women and girls seeking care
- Increased provision of 2nd medication to be taken at home

**Community Health Workers,
members of Safe
Motherhood Action Groups,
Peer Educators and others**

- Increased numbers of trained health community volunteers in the community
- Improved acceptance of and preference for self-management of abortion by women and girls.

Positive experience from HCPs and service users



Pharmacist,
Chipata DHO

“The project has done very well to increase knowledge on SRHR, including safe abortion care. Also there used to be stock outs before the project started, but with the support from ZAGO, this has been addressed. We used to have problems with drugs and this project has really helped in this respect.”

“The project has helped address issue of workload for the limited healthcare providers in the health facilities by helping a lot of women and girls taking the drugs from home. We tell them to come back to the facility only when there is a problem, otherwise, everything is done from home. This has lessened our workload, and we use this saved time to attend to other responsibilities at the facility.”



Registered Nurse Midwife,
Namseche RHC



“Regarding self-managed abortion service, the nurse explained to me about it. Since the pregnancy was small, I agreed to go for a self-managed abortion. It is very helpful. You see, I was doing it from the comfort of my home. Nobody knew I had a termination except my husband who is very supportive. Of course, I would communicate with the medical provider, but I can attest that a self-managed abortion service is the best.”

Policy journey- UPDATE!

Since 2022, FIGO has supported ZAGO as they have engaged with the Zambia Ministry of Health to update their national abortion guidelines on self-managed abortion, included conducting workshops and providing technical support.

Updated guidelines were signed off in October 2023, ZAGO began crucial role in disseminating and implementing them.

In April 2024, it emerged that some of the key text had been removed, ZAGO continued to advocate for re-inclusion whilst continuing implementation

ZAGO and partners successful in convincing MoH to make adjustments to the document to include aspects of SMA that had been omitted



Other key achievements

Development of ZAGO's communication strategy and position paper on self-managed abortions

Information disseminated via newsletters, social media, dedicated sessions at ZAGO conference, presentation to ECSACOP, webinar, radio programmes

Development of training package including guidelines, protocols and job aids in partnership with SAAG

Training

- Trained and provided on-site mentorship for 29 HCPs and 3 CAC Co-ordinators
- Trained >100 volunteers in SRHR youth networks and Community Health Volunteers in self-managed abortion
- Trained 18 pharmacists, 1 hospital and 3 Provincial CAC Coordinators in Forecasting and Quantification of Drugs

Advocacy meetings with Safe Abortion Advisory Group (SAAG), Provincial Health Offices, ZAMMSA

Development of recommendations document, further manuscripts in progress

Next steps and sustainability

Dissemination:

- Manuscripts x2
- Conference presentations x3
- Published stories/blogs x2

Ensuring the training tools and resources developed are adopted as national training tools

- Most of the work has already been fused into the national training manuals (e.g. communication strategy); continue to advocate for further use of tools and resources

Lasting change and program sustainability in pilot provinces and districts

- ZAGO has new direct award to continue work on abortion
- Continue to work with partners including their network and Ministry of Health to ensure continuation and sustainability
- Youth groups and CHVs continue community sensitization on safe abortion care, including SMA
- ZAGO continues to raise awareness on SMA to the public through engagement with various stakeholders
- Involved in MoH process to finalise orientation package for dissemination of the revised standards and guidelines. Role in dissemination

Lessons from implementation

Short impactful projects possible due to previous groundwork

Deploying BAT/KAP tools enables rapid assessment of needs, informs the design of interventions and assessment of their effectiveness

Compressed project timelines limit the extent of learning cycles and changes in practice

Subsequent cycles of assessment and interventions would enhance sustainability

Enabling factors:

- Promising context, active national networks, strong partnerships
- Capacity, personnel, relationship with society, engaged leadership