

Pakistan Alliance for Post Abortion Care (PAPAC)

Multiple efforts are underway in Pakistan to expand women's access to high-quality postabortion care (PAC).

In this respect, a national **Strategic Coordination Meeting on Postabortion Care (PAC) in Pakistan** was arranged in Karachi by Ipas in 2009. Supported by the David and Lucile Packard Foundation, the meeting brought together 20 major stakeholders to strategize and pool expertise and resources for promoting high-quality PAC services through innovative grant-making.

The meeting aimed to promote open dialogue and information-sharing amongst key stakeholders for joint planning on actualizing improvements around PAC services, identifying avenues for improved inter-agency coordination and leveraging existing resources for widespread impact.

Participants at the meeting called for the establishment of a **Supervisory Body** to monitor progress against organizational pledges and commitments made at the event, as well as to ensure regular follow-up and intra-Body coordination. Through an ad-hoc process of self-nomination, a Steering Committee including representatives of NGOs, the donor community, UN bodies, Government agencies and professional associations was established at the event. The informal network of national partners so created eventually led to the formation of the **Pakistan Alliance for Postabortion Care (PAPAC)**.

Ipas Pakistan was nominated by the Steering Committee to host the National Secretariat for PAPAC until June 2014, when fresh elections were held, shifting the Secretariat to Rahnuma-Family Planning Association of Pakistan over the next three years (till 2017).

Working under the premise that women bear severe consequences from unsafe abortions, PAPAC aims to improve access to quality PAC and related reproductive health services, including family planning. It does so through information-sharing and promoting joint strategic thinking and planning amongst alliance members. Partners in the alliance at present include: Aahung, Association for Mothers and Newborns, Centre for Health and Population Studies, Greenstar, Jhpiego, Midwifery Association of Pakistan, Maternal Newborn and Child Health Program-Sindh, National Committee for Maternal and Neonatal Health, Pakistan Nursing Council, Pathfinder, Population Council, Rahnuma, Shirkat Gah - Women's Resource Centre, Society of Obstetricians and Gynecologists of Pakistan, UNFPA and War Against Rape.

PAC service in Pakistan- A brief overview:

Abortion and PAC are heavily stigmatized issues in Pakistan. A 2013 study¹ found that approximately 700,000 abortions occur in Pakistan every year. Given that the data for this study was collected mostly from

1. Population Council, Post Abortion Care in Pakistan: A National Study, 2013 (available from: http://www.popcouncil.org/pdfs/2013RH_PakistanPAC.pdf)

women hospitalized for postabortion complications, the figure is considered to be grossly understated. The same study also reveals that a high proportion of medical facilities are not equipped to provide around-the-clock services or manage complicated cases, due to lack of trained staff and equipment.

Lack of sensitivity toward the needs of women further exacerbates the situation through the adoption of unsafe practices by healthcare providers. Shirkat Gah's own research shows that abortions are often used as a family planning method by women who do not have access to related services or have little confidence on modern methods of contraception due to prevailing myths.

Health services are stretched far in between and their inaccessibility is also a leading cause of women resorting to unsafe methods and facilities. Socio-economic factors and illiteracy combine further, leaving rural women more vulnerable to malpractices at the hands of traditional birth attendants and methods, posing a risk to the lives of both mother and child.

Facts/Figures:²

1. According to the PDHS, Pakistan's maternal mortality rate was 276 per 100,000 live births between 2012 and 2013, where 5.6% of all maternal deaths resulted from complications arising from unsafe abortions.³
2. Every year, 29 out of 1000 women undergo unsafe induced abortions in Pakistan and an equally large number of women seek medical care for complications resulting from unsafe abortions.
3. A national study conducted by Population Council on post abortion

care estimates that, on average, only 7% of poor rural women obtained abortion services from doctors, while 42% got the services of dais or Traditional Birth Attendants (TBAs). Among non-poor urban women, 49% had doctors perform their abortions, and 9% went to dais. Among poor urban women, 34% went to dais.

4. As per fact sheets issued by Guttmacher Institute on Induced Abortions in Pakistan, 43% of all abortions occur within the first eight weeks of pregnancy and another 39% take place during weeks 9–14, suggesting that most abortions take place at a fairly early gestational age. However, 18% occur at 15 weeks or later, with greater risk of severe health consequences.
5. Abortion rates appear to be substantially higher in rural areas of two of Pakistan's four provinces in particular compared with others. In Khyber Pakhtunkhwa, an estimated 37 abortions took place per 1,000 women aged 15–49, and in Balochistan the rate was 38 per 1,000. By comparison, rates were lower in the Punjab (25 /1000 live births) and Sindh (31/ 1000 live births), where contraceptive use is reportedly higher (Population Council, 2013).

Recommendations:

1. The issue of unsafe abortions needs to be addressed urgently and holistically with PAC services provided according to WHO guidelines on safe abortion: including postcare family planning counseling and providing options for use of modern methods of contraception.⁴

2. Facts on Induced Abortions in Pakistan (Population Council, Guttmacher Institute, & NCMNH); Abortion in Pakistan (Population Council, Guttmacher Institute, & NCMNH)

3. PDHS, 2012-13

4. Erdman, J. N., DePiñeres, T., & Kismödi, E. (2013). Updated WHO guidance on safe abortion: Health and human rights. *International Journal of Gynecology and Obstetrics*, 12, 200-203. Retrieved from <http://fiapac.org/static/media/uploads/updated-who-guidance-on-safe-abortion.pdf>

2. Misoprostol and MVA (Manual Vacuum Aspiration) kits should be made available at all public health facilities.

A policy needs to be put in place regarding the regular supply of misoprostol and MVA kits with budget allocations made in the provincial procurement plans of respective health departments and facilities. The budget should include provision for regular capacity-building initiatives for healthcare providers in usage and latest methods.
3. Family planning and PAC as a “pre-service” should be included in the curriculum of medical colleges.
4. Every maternal death should be reported and examined in line with Government of Pakistan’s commitment under **UN Human Rights Council (UNHRC)** resolution in a meeting **on maternal mortality** held in Geneva in 2009, requiring the Government to report every pregnancy-related death.
5. Maternal death audits should be conducted to identify gaps in health systems and findings should be included in annual reports to draw out recommendations.
6. Data management must be improved to aid formulation of better informed SRHR policies and programs. Compilation of gender-segregated and district-wise data on SRHR indicators is necessary to aid this process. Coordination between departments is also needed for better management, cross functional analysis and planned response to emergent data.
7. All pregnant women at any time during pregnancy, delivery or postpartum care must have access to Emergency Obstetric Care (EMoC), a package of critical life-saving health services to be provided immediately and competently by trained professionals.
8. Provincial-level PAC guidelines/policies should be introduced, including provision of Postpartum Family Planning and Postpartum IUCDs.
9. Regular trainings and refreshers should be conducted for both Lady Health Workers (LHWs) and Family Welfare Workers (FWWs) to improve capacity for improved services and user satisfaction, while LHW’s focus should stay with fulfilling their original mandate⁵ as per the National Plan of Action for International Conference on Population and Development (ICDP). In-service training/capacity-building should be undertaken regularly, especially for mid-level service providers at smaller private and public health facilities, particularly in Balochistan and KP provinces.⁶
10. Every doctor in gynecology/obstetrics/medico-legal sections needs to be trained in family planning, counseling and must be gender-sensitized.
11. The Government should formulate/adopt and implement Life Skills Based Education (LSBE) programs and comprehensive youth and adolescent sexuality education programs for in-school children (peer groups of students may be formed to reach out to out-of school children with these program).

Youth education services should involve service providers, especially

5. LHWs can provide promotive, preventive, curative and rehabilitative services to the community. The mandate of LHWs also include educating and providing Family Planning methods and MCH services.

6. Government of Pakistan (Ministry of Health). (January 2010 – June 2015). The National Program for Family Planning and Primary Healthcare. *The Lady Health Workers Programme*.

mid-level and low-level service providers, in the processes of planning, execution and evaluation.

Service providers must be trained on young people's SRHR needs and such services must be integrated into existing public health sector setups. Alternately, school health systems should be established to provide counseling to adolescents and youth through structured and culturally sensitive discussions around health and well-being.

12. Policy-makers, legislators and service providers must recognize that gender-equality and universal sexual and reproductive rights are integral to sustainable social and economic development and apply human rights frameworks to address the stagnating SRHR indicators in Pakistan, including but not limited to those cited above. There

must be proactive measures by the Government and its instruments to provide universal access to SRHR, while upholding the rights and dignity of, and addressing various inequities and inequalities amongst its citizens.

13. Mass media campaigns should be undertaken to raise awareness about family planning services available at public health centers.
14. For a woman to secure her right to safe abortion, her immediate environment must be supportive of her choices and well-being. This includes her community, local service providers and society at large. Interventions planned in this direction must focus on increasing overall gender sensitization levels, adding value clarification, and increasing responsiveness of service providers.