RESULTS

• The number of facilities providing CAC services increased from 252 to 457.
• The number of clients who received CAC services increased from 11,582 to 60,367 (Figure 1).
• The average number of clients receiving abortion services in project-supported health facilities increased from 46 per facility to 132 (Figure 2).
• Clients who received postabortion family planning services also increased from 75% to 86% (Figure 3).

LESSONS LEARNED AND IMPLICATIONS

• Findings demonstrated that the project contributed to a substantial increase in the provision of CAC services in project-supported facilities. Further, EngenderHealth’s strategies for expanding access to CAC services were successful in increasing the number of clients served and in improving the proportion of SAC services to PAC services.
• In spite of legal restrictions related to abortion care, further efforts to build capacity at additional health facilities, replicating EngenderHealth’s approach and success, are critical for continuing to expand access.
• Further, while this project and similar efforts of the government and other implementing organizations have significantly improved SAC access, the continued rates of unsafe abortion indicate a need for additional programs to assess and address other barriers—besides access—to improve SAC.
• Additional programming and related studies are also needed to determine how best to expand SAC services specifically to marginalized and disadvantaged populations.

SIGNIFICANCE

• In 2005, the Ethiopian government expanded the country’s abortion law from only permitting women whose lives or health were in jeopardy to legally have an abortion, to also allowing women pregnant by incest or rape, women unable (due to physical or mental disability or age) to raise a child, or women carrying a deformed fetus to safely obtain such services. Abortions performed in health facilities greatly increased from 2008 to 2014—from 27% to 53%; similarly the share of abortions performed by mid-level health workers also increased—from 48% in 2008 to 83% in 2014. Despite such improvements, 19% of women requiring care for either induced or spontaneous abortions in 2014 presented with severe complications necessitating hospitalization.
• EngenderHealth’s Access to Better Reproductive Health Initiative (ABRI) has supported the establishment of comprehensive, safe, high-quality abortion care services in 424 targeted facilities since 2008. Through this project, EngenderHealth provides training and posttraining follow-up support for comprehensive abortion care (CAC), strengthens relevant commodity supply chains, and facilitates whole-site orientations for community health workers and CAC providers to address abortion service-related stress.

METHODOLOGY

• EngenderHealth collected and analyzed data in order to assess access to CAC over the past 5 years (2013 to 2017). ABRI specifically analyzed the following key variables:
  o Number of health facilities supported to provide CAC
  o Number of clients who received safe abortion care (SAC)
  o Number of clients who received postabortion care (PAC)
  o Proportion of all abortion clients who received postabortion family planning services

IMPROVING ACCESS TO SAFE ABORTION CARE SERVICES: Experience from EngenderHealth’s Access to Better Reproductive Health Initiative Project in Ethiopia

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