

Evaluating the Impact of Safe Abortion Policies and Programs: A Conceptual Framework and Results from Recent Field Studies

Introduction and Background

Each year, an estimated 46 million women worldwide experience an induced abortion, 36 million in the developing world. The legal, policy and service delivery environments for abortion vary widely but in general, in countries with restrictive laws, elective abortion services for existing legal indications are largely unavailable due to controversies surrounding abortion. All countries, even those with restrictive laws, provide postabortion care (PAC), emergency treatment of complications of unsafely induced abortions and miscarriages. Over the last decade, there has been significant progress in improving the quality and availability of treatment services in a number of countries, especially in public sector health facilities. Too often, however, PAC has remained underfunded, difficult for women to access, with low visibility and poor service quality.

With the low priority placed on abortion-related programs and policies, and health systems' emphasis on service provision, not surprisingly, little attention has been paid to monitoring and evaluation. As governments, donors and NGOs partner to design and implement safe abortion care interventions, however, the need for a stronger evaluation focus has become evident. Donors increasingly want to ensure that scarce resources are spent on the most effective service delivery strategies, while policymakers must be confident that any shift in PAC or abortion care services represents an efficient use of funds, is evidence-based and that progress in such programs can be tracked. The recent publication of standards and guidelines for elective abortion by the World Health Organization, along with their expected adoption by national governments, will undoubtedly lead to increased demand for evaluation of abortion-related programs. Furthermore, evaluation data for advocacy purposes can be used to underscore resource gaps, identify implications for health system change and highlight the need for legal and policy changes. Consistent and visible use of program evaluation findings can also expand the number and types of stakeholders committed to improved abortion care, and diminish the stigma attached to abortion which is oftentimes a major barrier to change.

Monitoring and evaluation of abortion-related programs is challenging. Ideally, one would like to monitor access to abortion-related services (number and distribution of services available), the quality of services offered, the rate and number of abortions performed, or cases treated for abortion-related complications, the outcomes (proportion of all abortions performed under safe conditions), adoption of family planning by postabortion clients, the number and type of referrals to other reproductive health services and the impact of preventing unsafe abortion on maternal mortality and morbidity. Such information is virtually nonexistent in the vast majority of developing countries. Current evaluation challenges for abortion care programs---both services and policies---include weak health service statistics, difficulties in assessing health service quality and a limited ability to measure program impact on maternal mortality and morbidity.

In spite of current challenges, evaluation of abortion-related services and policies is feasible and should be prioritized as an essential component of any program to upgrade abortion-related care. This paper offers guidance to developing country health systems, NGOs, women's health advocates, reproductive health donors and health care professionals on the way forward for improvements. The objectives of this manuscript are, first, to provide a conceptual framework for evaluation of the essential components of abortion-related programs; second, to provide relevant findings from evaluation studies conducted in Africa, Latin America and Asia; and third, to describe recommended improvements in evaluation infrastructure, resource availability and political commitment.

A Conceptual Framework for Evaluating a Safe Abortion Program

Abortion services aim to achieve three main objectives: to reduce mortality and morbidity from unsafe abortion, to ensure reproductive choice for women faced with unintended pregnancy and to reduce unsafe abortion in the future. The basic premise underlying the conceptual framework is that if women who plan to terminate their pregnancies have access to and obtain abortions under safe conditions, they will be less likely to suffer from abortion complications, or to die from such complications. Furthermore, postabortion contraception, when provided as an integral component of safe abortion care, can also reduce the incidence of repeat unintended pregnancies and unsafe abortions. Yet these premises presuppose that women are aware of their options, are favorable to using facilities that offer safe conditions, and feel empowered to use such a service. At the same time, clinical facilities must be ready and willing to provide such services; they must have appropriate equipment and supplies, as well as personnel trained in the clinical procedure and counseling and policies that support such service delivery. And such facilities fare better in countries with a favorable political climate.

The evaluation of safe abortion programs should measure the different components that must be in place to achieve these objectives. It is useful to illustrate these relationships in the form of causal pathways (to be illustrated by a graphic in the final presentation) demonstrating the demand for and supply of safe services, since each aspect can be converted to measurable indicators for the purpose of evaluation. The conceptual framework illustrates how interventions promoting safe abortion contribute to reducing maternal mortality, enhancing reproductive rights and decreasing the incidence of repeat unwanted pregnancy and unsafe abortion.

In traditional evaluation terms, *inputs* needed for successful implementation of an abortion care program must be in place, such as political advocacy, stakeholder education, and resources for services, including supportive regulations, provider training and supervision, supplies and equipment and sufficient financing. The process of program implementation should, ideally, lead to the desired program results or *outputs* such as women's demand for and utilization of safe services and a sufficient supply of high-quality, accessible abortion services. Expected, longer-term program *outcomes* include reduced maternal mortality and morbidity, increased reproductive choice and reduced repeat unintended pregnancy and unsafe abortion.

Evaluation of the Components of a Safe Abortion Program

The individual components of a safe abortion program will be described in this manuscript. We will portray the methodological challenges for evaluation of each component (listed below), describe feasible evaluation strategies, suggest key indicators to measure progress in program implementation and achievement of objectives, and offer findings from evaluation studies and country examples of successful evaluation approaches.

The following components of the conceptual framework will be included in the manuscript:

- Legal and political context of abortion
- Demand for services (encompassing women's knowledge of services, attitudes toward seeking services and confidence in obtaining services)
- Supply of services (including access to care and service quality)
- Utilization of facilities offering safe abortion
- Abortions performed under safe conditions
- Reduced maternal mortality and morbidity
- Increased reproductive choice
- Reduced repeat unintended pregnancy and unsafe abortion

Results from recent evaluation studies of health care facilities to assess the quality and availability of abortion-related services will be presented. These include baseline and post-intervention, follow-up findings from a 120-site facility survey of PAC services in Ethiopia in 2000 and 2004; an evaluation of termination of pregnancy (TOP) services in Limpopo region in South Africa (2003); and a survey of 89 primary health care centers and 15 rural hospitals to assess MTP (medical termination of pregnancy) services in Pune district, India in 2003.

Recommendations for Evaluation of Safe Abortion Programs

There are a number of feasible steps that can be taken at the facility, national and global levels to address the growing need for abortion program evaluation. These steps are both technical and political in nature. Most do not require large, new investments, although the chronically under-funded area of abortion demands a renewed commitment by national governments, international agencies and donors to expand the resources available.

Recommendations include the incorporation of abortion measures into health system information systems and service monitoring; expansion of abortion-related evaluation studies; improved efforts to monitor policy change; expanded dissemination and use of evaluation findings; and increased commitment of resources and political support for abortion evaluation.

